

## **REPORT: THE EVALUATION OF LIFE TO THE MAX**

*Life to the Max: Making difference for Young People in Whanganui*



**Dr Sharon Milne and Dr Jackie Sanders**  
**Auckland**  
**May 2008**

## Contents

1. Contents	2
2. Acknowledgements	3
3. Executive summary	4
4. Recommendations	10
5. Evaluation design and methods	12
6. Background to Life to the Max	21
7. Results	25
A) Service delivery and referral processes	25
B) Assessment – entering and exiting Life to the Max	29
C) Life to the Max social work practices and what works	34
D) Interventions and care pathways	44
E) Changes and outcomes	50
F) External relationships and building social capital	54
 <b>Part 2: Governance and Management Structures</b>	
G) Governance	57
H) Management, funding, and planning	63
8. Conclusions	68
9. References	70
 <b>TABLES</b>	
1: Research Questions	13
2: Evaluation activities and timing	18
3: LTTM Referral Diagram	27
 <b>APPENDICES 1</b>	
1) Youth Development Strategy	74
2) Information form	75
3) Consent forms	77
4) Process for difficult information	79
5) Programme Logic	81
6) Most Significant Change Stories	86
7) Monitoring survey	92
8) Case notes: process and questions	93
9) Simple Action Plan template	95
10) Simple Evaluation Plan template	96
 <b>APPENDICES 2</b>	
1) Copies of selected articles referenced in report (In separate folder)	
2) CD with young person interview (to be confirmed)	

## Acknowledgements

We are very appreciative of the considerable input provided by Life to the Max (LTTM) staff and Trustees. Their contribution not only enabled the delivery of all components of the evaluation but also illustrated to the evaluators a high level of commitment to the evaluation and openness to its outcomes.

*Social workers who are interested in improving the quality of the services they offer via evaluations are well on their way to taking responsibility for providing the best service to clients through systematic examinations of their strengths and weaknesses via [a] quality improvement process. Unrau, Y.A et al (2007)*

The participation of young people, their whanau and community stakeholders was critical to the success of the evaluation and we thank them for the time and energy they gave to it; it would be an empty vehicle without them.

### ***Evaluation Advice and support***

The evaluation team received ongoing support and advice from research and evaluation colleagues at Massey University and indirectly from other associates and organisations linked to the evaluation and our research work.

### ***The research team***

**Dr Sharon Milne** and **Dr Jackie Sanders** with specialised assistance from  
**Ms Sue Van Daatselaar** - LTTM client case reviews and review of draft report;  
**Ms Justina Webster (Ngati Parera/ Ngati Kahungunu)** - interviews of Maori young people and their whanau.

## Executive Summary

### **Introduction**

The evaluation was commissioned in March 2007 and initiated in April 2007 with fieldwork completed in March 2008. While this evaluation was very interested in outcomes for the clients of Life to the Max (LTTM), it was also part of the organisation's continual focus on building its capability to improve delivery and strengthen organisational structures.

The format of the evaluation was negotiated with LTTM staff and a formative approach alongside an impact evaluation was regarded as the most appropriate response for LTTM.

The aims of the evaluation were negotiated with staff and included:

- 1. To provide qualitative evidence as to the effectiveness of Life to the Max interventions in enabling positive changes in the lives of young people and their family/whanau and having an influence on offending levels**
- 2. To identify Life to the Max programme elements and contexts which contribute to success and any areas for improvement**
- 3. To examine Life to the Max organisational structures and processes and establish the degree to which Life to the Max meets their strategic directions and their stated aims and objectives**
- 4. To generate learning and inform the development of Life to the Max**
- 5. To generate learning to inform funders' support of Life to the Max and similar projects**

### **Evaluation methods**

The evaluation was qualitative. The methods were comprehensive and designed to give the evaluation team a solid understanding of Life to the Max services and practices and capture the perspectives of young people and their whanau, all service staff and Trustees and other stakeholders. Due to the timeframe of the evaluation the focus was on short-term impacts rather than outcomes and had a formative component. Methods included:

- Programme logic
- Interviews with young people, whanau and key informants
- Document review
- Most significant change stories
- Case studies and case note review
- Observations
- Survey
- Workshops

The evaluation plan was approved in July 2007 by the Presbyterian Support Upper South Island Ethics Committee who confirmed that the proposed methods provided appropriate safeguards for participants and that the overall plan was ethically sound.

### ***Background to LTTM***

McLaren's four cornerstones (2000) are the basis of LTTM's approach:

- Education
- Health
- Community/recreation
- Family

LTTM staff includes three Social Workers, a Practice Manager and Office Manager. The Police have a Youth Liaison Officer seconded to LTTM for one day a week. This person advises LTTM, shares information and works where appropriate with clients. The building which belongs to the Police is shared with two Police Education Officers who work in schools.

LTTM provides a service to young people aged between 5 and 13 years, and their whanau. They attempt to reduce risk for young people and ensure accountability for offending and problem behaviours. LTTM works with a range of services including Child, Youth and Family (CYF), Police, schools and other community agencies. Their social work practice has recently changed from an individually-based problem-resolution focussed practice to a more developmental, strengths-based team approach. LTTM has managed to attract staff of a high calibre and this is a significant factor in their success. Clear boundaries are a feature of the service. The evaluation findings indicate that LTTM service is accurately targeted to the section of Whanganui's population that most needs support.

### **RESULTS**

#### ***Service delivery and referral processes***

Overall the service is well delivered with strong referral and case management processes. LTTM will accept referrals from any person or service that has a concern for the wellbeing of a young person. Their main referees are CYFS, Police and schools with some whanau self referring. Staff work closely with the Police Youth Aid Liaison Officer. This is a transparent activity and the clients are informed of this relationship. Staff are obliged to report any illegal activities. Mental health issues are referred to Children, Adolescent and Family Services (CAFS). LTTM has a lead role in multi-disciplinary case conferences held monthly. The development of the service to incorporate more preventative work will need a careful, planned approach that involves schools, and perhaps an expanding of their source of referrals. A clearly articulated policy for managing risk and the proportions of low and high-risk clients is recommended and this needs to be reviewed on a regular basis. Generally, clients expressed satisfaction with the service and reported positive outcomes.

#### ***Assessment – entering and exiting Life to the Max***

Robust assessment processes ensure the boundaries of the service remain firm. The entry assessment is done by the lead social worker who unpacks any further issues. Questions were raised concerning the delivery of the entry assessment and this aspect would benefit from a re-assessment. Most clients, however, accepted the process, being more concerned that they got the support they needed. A risk assessment for each case is recommended. Increasing the levels of client participation would be recommended, as well as a review of the assessment questions used.

An individualised care plan and programme is developed and runs for up to 12 months with provision to continue for up to 18 months in exceptional circumstances. A review of the case notes reveals that in most cases there is regular assessment of goals, regularly reviewed care plans, interventions and support. Closure and exiting the LTTM programme is carefully

assessed and marked by a graduation celebration for the young person and their whanau. However, the attachment formed by some young people should not be underestimated and a range of transition processes could be formalised. The exit assessment would benefit from the inclusion of more strategically useful information including client's progress, future directions, post intervention risk assessment including offending, and the measurement of outcomes.

### ***Life to the Max social work practices and what works***

The work is strengths based, systemic, intensive, holistic and child focused with risk reduction being a key objective. The teamwork approach is affirmed by the evaluation as an appropriate response for LTTM clients. This approach also enhances opportunities for peer supervision and distributes responsibilities for clients' well-being more evenly. LTTM staff obtain practice information on what works from a variety of sources including team meetings, other social workers, the Practice Manager, social work training, conferences and professional forums.

The monitoring and evaluation of practices while done verbally as part of team work and supervision could be done more systematically so that a clear picture of practices that are specific to LTTM can be built. Improvements identified by clients included: a misunderstanding on the part of a young person; a need for respite care that in one instance was not met with a referral to an appropriate service; and a resistance to a previous service-practice approach that was reversed by the current relationship and trust-building approach. Reduced offending for young people is evident, at least anecdotally. Staff could consider recording this information in more detail.

Each social worker's and the youth worker's practice was unique and accurately captured by young people who really appreciated the different approaches. More 'thick' description in the case notes would be recommended as a means of capturing the richness of interventions and outcomes. The evaluation identified the need to review the age range of clients, paying particular attention to the needs of the transition age-group of 14-16 years or post exit LTTM clients which are currently being addressed informally. The youth worker role is affirmed and LTTM is encouraged to re-establish this position working alongside the Social Workers and perhaps focussing on LTTM graduates as part of a transition intervention.

### ***Interventions and care pathways***

LTTM social work interventions include individual work as well as a number of core programmes developed by social workers to meet their clients' needs. Components of individual work include mentoring, counselling, recreation, accessing health checks, education and family support (which includes a range of interventions to assist in the development of the whanau overall). These services can be delivered one-to-one, after school as part of group activities or as part of school visiting and working with the young person and/or the teachers.

The programmes offered by LTTM utilise a practical, innovative approach, friendly to young people and reflecting what are identified in the literature as effective interventions. Combinations of workers are selected to appropriately match the needs of particular groups of clients, model appropriate behaviours and provide a strong link to whanau. While the considerable strengths of the Awa Trip (especially with the support of the kaumatua) and the Boys to Men programmes are strongly affirmed, the evaluation indicates that the outcomes sought by the Cared Straight programme, despite the different content, are more effectively delivered by the Boys to Men programme. The Remove and Renew programme is

affirmed but only on the basis of one client; any extension to other clients requires a monitored approach. A systematic review of monitoring and evaluation practices for these successful interventions is recommended.

While the majority of LTTM clients are boys they do have a number of girls on their caseload at various times, both as clients and as siblings. These young women are the responsibility of the female social worker, working alongside the male social workers. As no female clients could be appropriately involved in the evaluation at the time, our information on practices associated with girls is limited and drawn mainly from interviews with parents and social workers. The services provided for girls include, Girls Day Out and camps. Girls can go on the Awa Trip when staff are available and an Awa Trip specifically for girls was being discussed. Ataahua Kotiro - Girls to Women, is a separate programme for girls run by the female social worker. Other trips and outings are organized specifically for girls as required.

### **Outcomes**

In order to gain a sense of the role and extent to which LTTM had contributed to changes in young people, we paid close attention to parent and young person accounts. We collected many examples of change in young people's lives and whanau circumstances and LTTM was frequently identified as playing a central role in these changes. This is a successful service.

The criteria for positive outcomes for LTTM clients were identified as:

- Risk reduction
- Reduced offending
- Harm reduction
- Educational continuity established
- Families stabilised and supported

Other anecdotal indicators of success noted included:

- Staying in school, not coming to attention at school
- Positive relationships with peers
- Positive and healthy relationships in families – no role confusion
- Improved cultural identity
- Open to new experiences
- Passion for life
- Reason for living
- Purpose
- Optimistic
- Able to make good decisions and choices –the right ones (Interviews)

While the time frame of the evaluation did not allow for the identification of long term outcomes, many positive impacts were evident in the majority of cases. Particularly notable were the changes apparent in the words of some parents who illustrated, quite poignantly, significant changes in attitudes and habits that had impacted negatively on their children. The young people were able to articulate, through particular phrases used as part of the social work interventions, considerable changes in attitudes and behaviours that six months later were still in place for most of them.

### ***External relationships and building social capital***

LTTM is known and respected in the wider community. It is seen as taking the more challenging cases and as being there for the long haul. Their reliability and responsiveness was consistently mentioned by key informants. LTTM needs to maintain vigilance in keeping

other providers informed and roles clear and make sure all service changes are communicated at a community level. Relationships with Police and CYFS are well monitored and managed, which supports their advocacy for clients. LTTM work with schools is highly effective and important to the wellbeing of young people and their whanau. Work in this area would benefit from focused planning for further development. Monitoring and self-evaluating all activities will strengthen the interventions and build evaluation capacity.

### ***Governance***

LTTM has a three-tiered governance/management structure consisting of the LTTM service, a Management Committee and a Board of Trustees. The Board of Trustees has a Chairperson and seven other members and provides governance. In principal, the Trust also provides strategic direction and a final assessment in the case of any grievances or reviews following questions raised about LTTM's service. However, this role has been largely superseded by the Management Committee. The Chairperson, Lance Rowe and two of the Trustees are also on the Management Committee.

LTTM have been very strategic and successful in recruiting Trustees who bring to LTTM a solid balance of strengths and expertise covering the key practice and policy domains and who are fully supportive of LTTM staff and services. However, it seems that the full potential of the Trust Board is largely unrealised and their skills are underutilised under current structures. Flexibility is important and LTTM is impressive in its adjustment to the significant changes that have happened in recent times. It is timely that current Trustees consider a review of governance structures and practices that reflect these changes.

We failed to be convinced of the necessity of the additional layer of a Management Committee and believe the role of the Committee as a buffer between the governance activities and service delivery is no longer necessary. A well-managed Trust would provide a clearer set of boundaries between governance and management and free the Trustees to govern and the Practice Manager of LTTM services to manage. It would also create options for developing a governance model that supports reflective practices. A strong orientation process would assist in the clarification of Trustee roles, enabling them to maximise their effectiveness in terms of fulfilling the reasons they were brought on to the Board. The Trust might also consider establishing specialist portfolio roles for individual members, again to maximise their contributions. Succession planning is also an important issue for LTTM, considering the substantial responsibilities of the Chairperson. This and the current governance and management structures lend a degree of risk to LTTM that needs to be addressed in the short term.

### ***Operational management, funding, planning and evaluation***

Initial reporting to LTTM staff as part of the second evaluation workshop indicated that there was some confusion regarding staff roles, largely due to rapid changes of both staff and the focus of the service. This situation has been addressed to everyone's satisfaction. The evaluation would affirm the recent move to separate administration functions from those of social work.

All LTTM meetings would benefit from more consistent recording. They often cover significant issues of importance to LTTM at a service and community level and a record of activities, discussions and outcomes is essential for ongoing service development and building of self-evaluation capacity. Documentation and recording are essential components for building evaluation capacity and for underpinning management and practice decision making. This documentation would also enable reflection on past decisions regarding service



delivery and practices and encourage staff to develop a sense of LTTM's own unique programme development. The rationalisation and maximum use of all data management systems is recommended to better meet the evaluation needs of the service.

A new Strategic Plan is being developed. However, an Operational Plan that is reviewed on a more regular basis and developed by staff at the service level would be recommended. A bottom-up planning process that builds internal evaluation capacity and involves all staff is recommended. This would be in line with the recently developed team approach and identified need to draw on the strengths of all staff. A number of steps could be taken, including:

- Building a repertoire of evaluation tools such as focus groups and possibly telephone follow-up of clients who exit LTTM
- Improved recording of social work practices and programme developments
- Collating stories and capturing outcomes, including longer-term outcomes
- Photo/video voice recordings by young people of things they have done and the changes they have observed
- Developing a computer database that functions in ways that better reflect the evaluation needs of LTTM
- Sharing evaluation methods with other providers.

Recording this information more effectively and developing an evaluation action plan that includes realistic and manageable methods and ways of consulting with service users, both past and present, is recommended as a first step.

While the move to secure permanent employment contracts for staff is commendable, the insecurity of funding affects the ability of LTTM to meet this obligation. Matching public service levels of pay for social workers is a particular concern.

### **Conclusion**

The work of the evaluation was not only to assess the impacts of the service but also to find ways of strengthening the service and exploring potential new pathways, and the recommendations reflect these objectives. Working as an NGO rather than a statutory organisation gives LTTM the freedom to work radically and develop innovative models, and we would suggest they take full advantage of this position. It is important that LTTM maintains a reflective and challenging approach to their own practice while increasing opportunities for collaborative actions with other agencies.

The results of this evaluation show LTTM to be a strong, reflective and flexible social service that is meeting the needs of young people at risk in Whanganui. Strategies for managing life events beyond young people's control, and the anger that often emerges as a result, is a strong feature of the practice approach used with young people by LTTM staff. So too, is the modelling, by respected adults, of appropriate behaviours for both men and women, and of appropriate behaviours between genders. These and other elements of the service delivery and social work practices that are uniquely LTTM are part of a successful package affirmed by the evaluation. Hopefully, these results will encourage funders to continue their support and use the learning established as part of the evaluation to advise the development of similar services.

## Recommendations

### **A. Service delivery and referral processes**

- 1) *Develop a referral plan with the objective of increased numbers of clients under 10 years old*
- 2) *Consider expanding the source of referrals, especially when focussing on prevention and younger age groups*
- 3) *Monitor and review the ratio of high- and low-risk clients as part of the regular planning review of services*
- 4) *Establish a clear policy for managing the proportions of high- and low-risk clients*

### **B. Assessment – entering and exiting Life to the Max**

- 1) *Review entry assessment for whanau and youth-friendly questions and processes*
- 2) *Identify care plans for all members of whanau who are working with LTTM*
- 3) *Assess new caregivers in the same way as the initial caregiver*
- 4) *Develop an LTTM risk management or safety-plan policy and implement it for each client*
- 5) *Review the policy on follow-up of clients post-graduation with a view to a transition policy and intervention, and seek funding in recognition of this work, to allow it to be undertaken more intentionally and consistently*
- 6) *Use all exit assessments to capture a client's progress, future directions, post intervention risk assessment and outcomes, as part of building evaluation capacity*

### **C. Life to the Max social work practices and identifying what works**

- 1) *Consider keeping offending records for each client even if only qualitative data*
- 2) *Case notes could be more detailed by recording all client information and changes, enhancing their use as a source of outcomes information*
- 3) *Keep a record of evidence sources that support interventions*
- 4) *Monitor and evaluate all interventions more systematically and record outcomes as part of case records*
- 5) *Explore and identify other sources of information on outcomes*
- 6) *Using phrases, where appropriate, that encapsulate life strategies is endorsed as an effective practice*
- 7) *Explore the possibility of three strands of LTTM work: preventative (5 or 7-10 years), at risk (11-13 years) and transition LTTM graduates (14–16 years). If taken up, ensure the change is carefully monitored, evaluated and recorded*
- 8) *Re-establish the youth worker position with particular responsibility for the transition of graduate LTTM clients, but also with a more general brief across the client base, and working closely with the social workers*
- 9) *Consider developing an information sharing/training session for schools on how to identify at-risk children and pilot it with a school that has a strong relationship with LTTM*

### **D. Interventions and care pathways**

- 1) *Provide more adventure activities (Interviews with young people)*
- 2) *Continue to develop the Remove and Renew programme, being sure to evaluate outcomes after each intervention*

- 3) *Review the value of Cared Straight and potential duplication of lessons that might be more appropriately delivered as part of other interventions, especially Boys to Men*
- 4) *Formalise an Awa Trip for girls as well as designing other adventures for girls such as ropes courses, abseiling, horse riding (including the care of horses) and other challenging activities*
- 5) *Extend the work with kaumatua where possible*

#### **E. Changes and outcomes**

- 1) *That LTTM continue to be aware of the costs of change for clients and remain positive but realistic about anticipated outcomes*
- 2) *That LTTM continue with its current approach of working ecologically with whanau and their young people*
- 3) *Working intentionally with fathers in particular is to be encouraged as a distinctive aspect of LTTM work*

#### **F. External relationships and building social capital**

- 1) *Continue to develop the relationship with Police Education Officers*
- 2) *Review the role of the Police Youth Aid Liaison Officer and further develop it in line with recently changed social work practices*
- 3) *Given the significance for young people of LTTM's relationship with schools, we recommend the development of an integrated action plan which will focus on what LTTM wants to do in schools and how, as part of future planning of activities, such a plan might change attitudes and strategically improve the position of these children in the schools*

#### **G. Governance**

- 1) *Disestablish the Management Committee (linked to point 6)*
- 2) *Review the function of the Trust and roles of Trustees*
- 3) *Develop special interest portfolios for Trustees*
- 4) *Review the orientation process for new Trustees in consultation with current Trustees*
- 5) *That the Trust develop a planning and evaluation framework to monitor any changes*
- 6) *Appoint a part-time service manager with appropriate, established supervision*
- 7) *Develop a succession plan for key roles in LTTM as part of a risk management plan*

#### **H. Operational management, funding and planning**

- 1) *Develop robust planning processes and establish a planning and evaluation cycle that matches the needs and capacities of staff*
- 2) *Decide which areas need evaluating and develop a simple evaluation plan for each different area that includes objectives, methods and outcomes*
- 3) *Consider recording and evaluating all interventions and noting any practice-based material drawn from the literature that might be used to develop interventions*
- 4) *Review database management processes and tools for use in the evaluation of LTTM services*

## 2. Evaluation Design and Methods

### 2.1 Introduction

The evaluation was commissioned in March 2007 and initiated April 2007 with fieldwork completed in March 2008. While this evaluation was very interested in outcomes for the clients of LTTM, it was also a part of the organisation's continuing commitment to focus on building its capability, improving delivery and strengthening organisational structures.

The format of the evaluation was negotiated with LTTM staff and an approach along the lines of an 'Appreciative Evaluation' (Preskill and Tzavaras Catsambas, 2006) was taken as the most useful evaluation response for this particular social service organisation. The previous evaluation done by the New Zealand Police (2004) had a focus on reductions in youth offending. The current LTTM management requested a more qualitative evaluation with an emphasis on organisational structures and service delivery.

While knowledge of the impacts of the service was needed, a formative approach, alongside an impacts evaluation was regarded by the evaluators as the most appropriate approach for LTTM at this stage in their development. The short time period of this evaluation did not allow for the identification of any medium- or long-term outcomes for young people and their whanau. The evaluation focussed on identifying short-term and immediate impacts such as early indicators of changes in behaviour (including offending) of young people; improvements in the whanau environment; developments in service delivery; uptake of services; satisfaction with services and perceptions of impacts and positive changes in the wellbeing of young people and their whanau; and the project's contribution to reductions in offending. Without a comparison group and/or long-term follow up, it is not possible to identify long-term changes (positive or negative) in re-offending, or levels of wellbeing (knowledge or attitudes) attributable to the work of Life to the Max.

### 2.2 Aims of the evaluation

The aims of the evaluation were negotiated with staff and included:

1. *To provide qualitative evidence as to the effectiveness of LTTM interventions in enabling positive changes in the lives of young people and their family/whanau and having an influence on offending levels*
2. *To identify LTTM programme elements and contexts which contribute to success and any areas for improvement*
3. *To examine LTTM organisational structures and processes and establish the degree to which LTTM meets their strategic directions and their stated aims and objectives*
4. *To generate learning to inform the development of Life to the Max*
5. *To generate learning to inform funders' support of LTTM and similar projects*

TABLE 1: Research Questions

<b>Table 1. RESEARCH QUESTIONS</b>	
Key research questions approved by LTTM staff and data sources	
A. LTTM programme effectiveness in reducing offending and inducing positive changes in the lives of young offenders and their family/whanau	Data Sources
1. <i>Who</i> are the young people using LTTM and what are their backgrounds?	Workshop Document review Service users' monitoring survey Interviews Case studies MSC stories
2. What <i>services</i> are provided to young people and their whanau/families using LTTM?	Workshop Document review Service users' Monitoring survey Interviews Case studies MSC stories
3. What do <i>staff and other stakeholders</i> think about the services and specific interventions provided by LTTM, their impact on well-being and re-offending and the contribution of these interventions to positive changes for young people and their families?	Workshop Interviews Case studies MSC stories
4. What do <i>young people</i> feel about their involvement with LTTM and the impact this has on them and their families/whanau?	Service users' monitoring survey Interviews Case studies
5. What care plans and interventions are put in place for young people using LTTM and how long do they remain on the programme?	Document review Interviews Case studies MSC stories
6. What are the <i>re-offending rates</i> for LTTM clients over the time they are with the service?	Document review Interviews Case studies
7. To what extent is LTTM reaching its <i>target group</i> ?	Document review Interviews Case studies MSC stories

8. What are LTTM organisational structures and processes and to what degree are LTTM meeting their strategic directions and their stated aims and objectives?	
9. What governance and management <i>systems</i> are in place for LTTM to plan, implement and evaluate services to ensure that they are young people centred and outcome led?	<i>Document review Observations Interviews</i>
10. What are the key <i>barriers and facilitating factors</i> for LTTM service delivery?	<i>Workshop Interviews Document review Service users' monitoring survey Observations Interviews Case studies MSC stories</i>
10. How does LTTM contribute to <i>accessibility of services</i> for young people in Whanganui and how do these services complement existing provision of local support services?	<i>Document review Interviews</i>
11. What <i>practices</i> are used by LTTM professionals providing LTTM services and how effective are they in changing behaviours of young people with whom they work?	<i>Workshop Monitoring survey Interviews Case studies MSC stories</i>
12. What are the challenges of LTTM's funding framework?	<i>Interviews</i>

### 2.3 Evaluation Methods

The evaluation methods were comprehensive and designed to give the evaluation team a solid understanding of LTTM services and practices, and capture the perspectives of young people and their whanau, all service staff, Trustees and community stakeholders. We tried to place minimal additional burden on staff with evaluation activities whilst ensuring that consistent information was collected across the service.

The evaluation of LTTM used a multi-method approach and drew on qualitative methods to generate primary data. This evaluation had a focus on contributing to improvements in service delivery, to the ongoing development of the organisation and to its self-evaluation capacity. It examined organisational processes and the ongoing development of the service at both the planning and the implementation levels. It also focussed on the ways LTTM delivers its service and examined the service objectives, contexts and mechanisms through which changes occur, in order to identify any improvements that could be made.

#### a) Interviews with young people, staff, Trustees, service providers and other stakeholders as key informants

Interviews gathered information from staff, young people and their families/whanau, Trustees, funders and other agency professionals in the community on the work done with

individual young people and the families/whanau who had been or were current clients with Life to the Max.

In total, over the course of the evaluation, we completed 67 interviews involving 42 stakeholders.

### ***i) Young people and whanau***

The following groups of service users (young people and their whanau) were interviewed in July/August 2007 and again in February 2008:

- Interviewed six current users (planned<sup>1</sup> 15)
- Interviewed nine past users of LTTM (planned five), some of whom had recently exited LTTM.

In total, 13 young people and their whanau and two parents whose children were not available participated in the evaluation. Young people chose to be interviewed either separately or with whanau. All young people were able to identify an additional person to be present at the interview. Each young person received two movie vouchers (one adult and one child) as part of their participation.

With the exclusion of one family and young person where the interview was in their home, the interviews took place at a hall hired for the purpose of the evaluation. Semi-structured interview schedules covering the key evaluation areas were used to guide these interviews. Interviews focussed on what participants thought and felt about the ways in which the services were delivered, as well as what they thought about the impact of services on the young people and their whanau. The questions were developed in close collaboration with LTTM staff and through the young person's advisory group (see next section). Interviews were digitally recorded. A range of interactive methods, such as drawing and games were used in interviews to help make the process less intimidating. Interviews were partially transcribed verbatim for qualitative analysis.

### ***Participation of young people***

Given the nature of the service, and using youth development principles<sup>2</sup> which emphasise the active engagement of young people, the evaluation sought to incorporate in its design the direct involvement of a small number of young people who were past or present users of LTTM. This was planned as an exercise that encouraged and modelled the participation of young people who were service users. An advisory group of four young people was formed. Considerable support was provided by the social workers and youth worker who facilitated the direct involvement of these young people in the evaluation.

Three young people participated in this process to varying degrees and they were able to both comment on LTTM services and indicate areas for the evaluation to explore in the interviews with clients. Two of these young people personally completed three interviews with LTTM staff. This evaluation activity greatly assisted the evaluators in establishing the extent to which LTTM services and interventions were young-people centred. The material the young people produced illustrated in numerous ways the strength and quality of professional relationships established by LTTM staff.

### ***ii) Staff***

---

<sup>1</sup> Difference in planned and actual numbers were due to the accessibility of clients

<sup>2</sup> See Appendices



Six staff (including the Practice Manager, two Social workers, one Youth worker and the Office Manager) were interviewed twice over the course of the project. One social worker had resigned by the time of the first interviews and thus did not participate. The new social worker appointed as a replacement was interviewed as part of the second round of interviews in February 2008.

### ***iii) Trustees and management***

All members of the Management Committee were interviewed including a past member. Other Trustees were interviewed where they had specific information that added to that already received from staff and Management Committee members. In this way, three Trustees who do not serve on the Management Committee were also interviewed. One of these Trustees is now on the Management Committee. The Trust Chairperson was interviewed in both rounds of interviews.

### ***iv) Key Informants***

Thirteen (planned six) service providers and other stakeholders in Whanganui who work with the LTTM Programme and clients were also interviewed. These service providers and stakeholders were purposively selected by researchers with LTTM staff and included coordinators or staff delivering core services in Whanganui whose organisations worked with LTTM. The aim of all these interviews was to collect a diversity of perspectives regarding the development and delivery of LTTM services, thereby capturing the breadth of possible impacts of the service on meeting the needs of at-risk young people.

### **b) Document review and monitoring of service delivery**

The evaluation team worked with LTTM staff to identify appropriate monitoring data and case records which were then used to address questions about the numbers, characteristics and outcomes of young people accessing LTTM services, records of offending and re-offending, and the type and extent of service provision to both the young person and their whanau.

Case notes were collected for review as part of the case study sample. All data collected was subject to approved ethical procedures.

### **c) Case Studies and case note review**

It was important to establish evidence of reflective learning and practitioners' regular review of cases; both successful and those that were less successful. This focus is affirmed by Axford et al (2005) as essential to social work best practice. For this reason a case study component was built into the evaluation. This component of the evaluation consisted of seven cases: three current users (five planned) and four past users (two planned). These young people and their caregiving adult were interviewed twice with the second interview being completed in February 2008. In addition to interviews, case notes were reviewed after the final interview and a follow-up call was made to each lead social worker to explore any outstanding issues and answer any questions arising out of the review. Staff were also asked to select six cases, three they considered successful and three thought to be challenging, for a case note review. The young people and their whanau were not interviewed for these cases.



A qualified social worker was employed to review the case notes for the case studies<sup>3</sup>. Through a series of analytical conversations, practice logic and outcome measures were established and a number of questions were then developed and applied to each case.

#### **d) Observation of service delivery**

Members of the research team also spent approximately four days at the LTTM site. This included informal visits on a number of occasions: two days with staff and management setting up the evaluation and implementing the evaluation workshop; an interim visit (Workshop 2) for analysis and interim feedback to LTTM staff; one staff meeting and the AGM. The aim of the observations was to see, first-hand, what services are accessed by young people as well as organisational and management activities and delivery of services. The details of these observations were recorded as field notes.

#### **e) Monitoring survey of LTTM young people as service users**

Over a four-week period, in September 2007, all young people using LTTM services (20) were asked by LTTM staff to complete a short self-completion questionnaire after receiving LTTM services. While the option of providing researchers with contact details and completing the questionnaire over the telephone was offered, all the young people chose to complete it at LTTM. While the independence of the data was potentially compromised by staff assistance with this evaluation component, the objective of gaining input from young people and their perceptions of services received that day was, in fact, achieved. The information gathered enabled us to gain an appreciation of the positive nature of interactions between staff and clients and to learn about the aspects of the service the young people most valued. This activity also highlighted more generally some of the shortcomings of service users' satisfaction surveys which are the predominant evaluation method used by LTTM.

#### **f) Most significant event stories**

This method was adapted from the "Most Significant Change Technique", a form of participatory monitoring and evaluation developed by Rick Davies to address some of the challenges of evaluating complex rural development projects in Bangladesh (Davies and Dart, 2005, p9). Each month from July 2007 to February 2008, LTTM staff were asked to identify from their individual case-loads one example of change which was shared with the rest of the staff as a story. Staff then examined these stories and through a consensual process selected the ones that most exemplified effective LTTM practices. These selected stories were then forwarded to the evaluation team for collation as part of the evaluation data<sup>4</sup>.

#### **g) Workshops**

##### **Workshop 1 including development of programme logic July 24 2007.**

This initial workshop was offered to LTTM staff as an introduction to the evaluation and to provide them with an opportunity to have input into the development of evaluation tools. The workshop also formally established the evaluation and associated protocols and provided the first data gathering opportunity upon which programme logic was generated for LTTM. We discussed a process for managing 'difficult' findings<sup>5</sup> and the Trust's wish that the report be shared with a number of other organisations/individuals as a contribution to learning.

<sup>3</sup> It is important to note that the comments made by the case note reviewer were based on notes only.

<sup>4</sup> See Appendices for stories

<sup>5</sup> See Appendices

The participation of staff was sought for several key evaluation tasks as noted below.

1. Providing information about LTTM for the evaluation
2. Identifying an LTTM person who would manage the evaluation tasks
3. Protocols: coordinating release of information and documents (see appendices)
4. Feedback on evaluation tools
5. Managing monitoring survey and collation of returns
6. Recruitment process
7. Coordination of stakeholder interviews
8. Coordination and delivery of MSC stories
9. Coordination of young people's advisory group
10. Reporting & dissemination issues

A programme/intervention logic was developed from the information received as part of this workshop.

### **Workshop 2 – Interim reporting**

This meeting was held on 20 November 2007. Evaluation progress to date was discussed and an interim evaluation report was presented. The issues discussed as part of this briefing included:

- Management and governance systems
- Internal systems
- Staff practices
- Youth services
- User participation
- Marketing of LTTM
- Funding issues

**TABLE 2: Evaluation activities and timing**

<b>Date</b>	<b>Evaluation Activity</b>
27 July 2007	Workshop 1, development of Programme/intervention logic
July 2007	Ethics proposal prepared and approved
July 2007- March 2008	Document review
July 2007-February 2008	Observations
July 2007- March 2008	Literature review
July 2007	Stage 1 interviews with whanau and young people, staff, Management Committee/Trustees
July 2007- April 2008	Key Informant interviews
August – November 2007	Young people's participation (two meetings -workshops and consultation)
July 2007 – February 2008	Most Significant Change stories
September 2007	Monitoring survey
November 2007	Presentation preliminary findings
February 2008	Stage 2 Interviews case study whanau and young people, staff, Management Committee/Trustees
March 2008	Case note reviews staff selected - three cases successful and three unresolved/challenging

March 2008	Case note reviews – seven selected by the evaluator
August 2007-April 2008	Data analysis
April 2008	Draft Report submitted
May 2008	Final Report submitted

This was a *qualitative* evaluation. LTTM is a relatively small organisation providing specialised services to a specific population in Whanganui. The small client base means that it was not possible to gather sufficient numerical data to support a quantitative analysis of the key evaluation issues. The evaluation therefore focused on establishing key emerging themes arising out of all interviews and then tested the validity of these in the light of all other qualitative data. We employed a system of coding, references and notes using manual systems. First the key topics and issues that emerged from the data were identified through familiarisation with transcripts, notes and documents. Pertinent excerpts illustrating emerging themes were coded and notes written to summarise and synthesise these emerging themes. Through an iterative process, we refined the analysis, ensuring that the themes built up were cross-checked with other data, firstly within transcripts and then between transcripts, so that the validity of emerging explanations was tested and improved. In this way the data was ordered within an analytical framework based on the data. To maximise the validity of our findings, the two researchers discussed the data and compared their analyses, eventually reaching an agreement on the findings of the evaluation.

Using these methods of analysis, we were able to explore how factors such as ethnicity, age, gender, variable need, variable provision and differing life circumstances might affect the processes by which LTTM services were delivered, taken up and viewed as acceptable and appropriate. This analysis informed the development of some conclusions about the contribution LTTM makes to positive changes, re-offending rates and possible impacts of LTTM services on young people and their whanau.

### ***Ethics approval***

The informed consent of all young people and their whanau, staff and other stakeholders was sought for all evaluation activities in which they participated. The first stage of the project was used to liaise with LTTM staff and young people to get an overview of the project, develop protocols, approve the evaluation plan and timeline, and draft fieldwork tools including information sheets, consent forms, interview schedules and service-user monitoring survey questions. Ethical approval was sought after this preliminary planning had taken place with LTTM staff. The evaluation plan was approved in July 2007 by the Presbyterian Support Upper South Island Ethics Committee who confirmed that the proposed methods provided appropriate safeguards for participants and that the overall plan was ethically sound.

### ***Programme Logic***

The programme logic used a framework developed by a number of evaluators over recent years. It provided a starting point for the evaluation and assisted with the structuring of the evaluation objectives and outcomes. It was developed as part of the first workshop with LTTM staff, the Police Youth Aid Liaison Officer and management committee and trustee members<sup>6</sup>. The importance of establishing programme and intervention logic cannot be over-emphasised<sup>7</sup>. This is the first step in evaluating a project in order to identify

<sup>6</sup> Brenda Baxter resigned from the LTTM Trust at the beginning of 2008 having been on the Trust and Management Committee since its inception

<sup>7</sup> See Appendices for copy of Programme Logic developed in note form at Workshop 1,

appropriate indicators and evaluation readiness. As Axford (2005) notes, “... *the sins of the program are often visited on the evaluation... when programs are disorganised, beset with disruptions, ineffectively designed, or poorly managed...*” (p288).

## Background to Life to the Max

### ***Vision***

In 1999, a group of Whanganui people including Judge Beacroft, personnel from Child Youth & Family Services (CYFS), Ministry of Education and City Council, who were concerned about the increasing rate of youth offending in Whanganui, called a meeting. There was a perceived gap in service for young people who were below the age range of the Youth Court. Behaviours were felt to be entrenched by the time a young person reached the age of 14 years. There was a perceived need for a preventative programme for young people in Whanganui that adopted a multi-systemic, therapeutic approach with the objective of reducing youth offending.

A Youth Action Group was formed and a need was identified for a preventative Youth At Risk initiative for Whanganui. From there, key persons, directly involved in working with youth and their welfare, from both government and community organisations, formed the LTTM Trust. The Police had allocated fourteen specialist positions across the country for youth at risk and Peter Gray was the first manager of the service under this initiative. LTTM started as a programme based on reducing re-offending. Since 2005 staff numbers have expanded and Police presence reduced to a one-day-a-week Police Youth Aid Liaison Officer position. There continues to be a close relationship between Police and LTTM.

McLaren's four cornerstones (2000) are the basis of LTTM's approach.

- Education
- Health
- Community/recreation
- Family

Their long term goal is "to enable better life outcomes for children and whanau". Initially, LTTM were predominantly known in the community for their role coordinating cases where multiple agencies were involved. The active social work component is a more recent development. They continue to offer a process that provides individually tailored programmes for young people aged between 5-13 years<sup>8</sup> and their whanau, to achieve better life and educational outcomes and to reduce the likelihood of potential or repeat offending in the Whanganui community.

### ***Contexts for LTTM young people and their whanau***

Children and young people have a right to special care and assistance and the right to provision, protection and participation (UNCROC).

*New Zealand law also requires that family be strengthened and supported to participate in decision-making through the Children, Young Persons, and Their Families Act 1989. (Connolly, 2005, p9)*

LTTM client needs cover a broad spectrum with issues that are often systemic. Young people and whanau often display problem behaviours and are sometimes in extreme distress. As

---

<sup>8</sup> The original age group was 9-13 years but this was extended to 5-13 years in November 2005.

noted in the programme logic<sup>9</sup>, the range of presenting issues is extensive. Client issues identified by staff include poverty; high risk behaviours (including, drugs and alcohol); family violence; gangs; multiple adults in the household; lack of boundaries around children; cultural dislocation; lack of identity; feeling worthless; history of abuse; one parent/blended families; known to multiple agencies; generational loss of hope and no sense of purpose or capacity to believe that things could change (Workshop 1).

In her article “Tough is not enough”, McLaren noted that the risk factors for offending are:

- *Having few social ties (being low in popularity and engaging in few social activities)*
- *Mixing with antisocial peers*
- *Having family problems, particularly poor parental monitoring of children and negative parent-child relationships*
- *Experiencing barriers to treatment, whether low motivation to change, or practical problems such as difficulty in attending appointments due to lack of transport and work hours*
- *Showing poor self-management, including impulsive behaviour, poor thinking skills and poor social/interpersonal skills*
- *Showing aggressiveness (both verbal and physical, against people and objects) and anger*
- *Low school attendance and poor performance at school, lacking positive involvement in and feelings about school*
- *Lacking vocational skills and a job (for older offenders)*
- *Demonstrating antisocial attitudes that are supportive of crime, theft, drug taking, violence, truancy and unemployment*
- *Abusing drugs and alcohol*
- *Living in a neighbourhood that is poor, disorganised, with high rates of crime and violence, in overcrowded and/or frequently changing living conditions.*
- *Lacking cultural pride and positive cultural identity.*

In varying degrees, some or all of these factors are presenting issues for young people and their whanau.

Gangs are a feature of the Whanganui landscape and match some young people’s need to associate, especially when whanau are not providing the basic necessities of life – both practical and emotional. From a cultural perspective, gangs offer a substitute for loss of culture and, according to LTTM staff, have a very strong pull. The strength of organisations like LTTM is in working with hard-to-reach groups who are reluctant or resistant to support and where past interactions with statutory and other support agencies have been negative. In terms of LTTM practice, where gangs are involved, CYFS is only active if a notification is made and there are care and protection concerns. They do receive a list of all LTTM clients.

LTTM provides a range of benefits for young people and whanau, as well as benefits for the wider Whanganui community. Those potentially affected include schools/teachers, neighbours, peers, CYFS, Police and other services in Whanganui. LTTM attempts to reduce risk for young people, ensures accountability for offending and behaviour (even when this does not constitute offending) and enables and encourages young people and whanau to be confident enough to make changes.

---

<sup>9</sup> See Appendices

The LTTM programme started as a partnership between government agencies and the community. This partnership is still evident in their service, particularly in terms of the close working relationship between LTTM, the Police and CYFS. These relationships are no longer the driving factor they were in the early days and LTTM are now developing their own unique practice.

The evaluation findings indicate that the characteristics of the client base and presenting issues replicate the features of this more problematic section of the community as described above. Recruiting appropriately skilled and qualified staff to work in this complex and demanding area is always going to be a challenge. This will be especially so in small towns like Whanganui which have a comparatively small workforce to draw upon. LTTM has managed to attract staff of a high calibre and this is a significant factor in their success. Clear boundaries are a feature of the service and the limitations of the service are consistently confirmed.

### **Recent Changes**

LTTM has undergone many changes in both management and practice over the period of the most recent Strategic Plan (2005–2007). The original age-group was reduced recently from 9 years to include a younger age, based on the recognition that they need to be working with children as young as 5 years if they are to maintain their desired preventative focus. LTTM now deliver services to the 5-13-years age range.

Since the evaluation was initiated the most systemic change for LTTM has been in their social work approach. Where previously LTTM social workers took an actively challenging role with whanau, they now take a more measured approach prioritising the building of relationships and trust. This new approach was illustrated in the comments of a mother who had rejected all agencies that had tried to work with her prior to LTTM. Gradually, over time, her relationship developed with the social worker, based on respect and honest feedback. At the same time this parent has felt able to tell the social worker if there was something they were not doing right. The parent explained that the social worker

*... touched on issues without pressure – able to take it slowly as they are in for a year. [The social worker] said [r]ight from the start ‘We’ll tell you how we see it’. So it’s a two-way street.*

The new way of working takes a strength-based approach that enables practitioners to draw out client capacities. It encourages the building of a strong practitioner-client relationship that provides a framework within which steady, solid change can occur. The approach is characterised by team work which encourages greater attention to process and getting to know the strengths of whanau before any plans are made.

In this practice model, individual patch protection is discouraged as all workers have a stake in good outcomes for all clients. Team working enables social workers to respond flexibly. They get to know their client base well and are able to pick up each other’s clients and respond when one of them is unavailable.

This changed practice is supported by Lewis (2001) who suggests three critical factors in successful implementation of both social interventions and policies.

- *People need to have a sense of ownership of the problem or the way to tackle it before they will behave differently. This means they need to be involved in setting the agenda; not just consulted about the detail*

- *People respond more positively to encouragement rather than punishment (e.g. blame and shame is not a good technique for bringing about positive change)*
- *People need to feel they have some control over their lives (p388)*

These are all points clearly articulated in informal discussions with social workers as part of LTTM practice.

The new Strategic Plan is overdue and while discussions among Trustees have been initiated, the general consensus is that the evaluation will play an influential part in the development of the next strategic plan.



## RESULTS

This section of the report focuses on descriptions of services, identification of evaluation outcomes and recommendations. The different parts of this section are ordered in a way that reflects the delivery of the LTTM programme.

### A. Service delivery and referral processes

#### *Service delivery*

LTTM staff includes three Social Workers, a Practice Manager and Office Manager. The Police have a Youth Aid Liaison Officer seconded to LTTM for one day a week. This person advises LTTM, shares information and works where appropriate with clients. The building which belongs to the Police is shared with two Police Education Officers who work in schools. Strong relationships are evident among all personnel who work out of this building.

Prior to the appointment of the Practice Manager, staff described the direction and delivery of LTTM services as lacking clarity. The service was characterised by a 'we can do everything for everybody' approach. By identifying what the service does best, the Practice Manager was able to be proactive and develop a service profile that identified the specific focus it now provides.

LTTM's client group is children and young people mainly aged between 11 and 13 years. While still retaining a focus on offending, the service has expanded to include young people who are regarded by other services as being at risk or in some instances high risk. This has meant that they have had at times a high proportion of high-risk, intensive cases. More recent planning processes have identified the need to develop a more preventative component to the service by more consciously including a younger age group and increasing the proportion of low- to high-risk young people.

#### *Referral Process*

The boundaries of LTTM practice exclude mental health issues (self harm, suicide risk, ADD etc.) and behavioural issues that have an underlying mental health component that is the primary or underlying reason for referral, as CAFS provide these services in this community. The Practice Manager observed that some young people present with mental health issues but the source of stress is often in their environment and is not organic. The assessment process is designed to carefully unpack these matters and either accept or refer on. Care and protection issues are referred to CYFS, ensuring LTTM do not work in the same areas as statutory agencies. LTTM also do not offer drug rehabilitation programmes although they work with clients who have drug and alcohol problems. They assess all referrals and refer on those they do not accept.

LTTM will accept referrals from "anyone in the Whanganui community who has a genuine concern for the wellbeing of a young person" (LTTM publicity material) and their whanau. The main referrers are CYFS, Police and schools. Other agencies also refer to a limited extent and some whanau self-refer. Social workers, schools and other agencies reported being comfortable with the referral process.

Processes vary slightly depending on the source of the referral but generally LTTM staff reported that their process includes

1. An initial assessment by the Practice Manager, when available, and the lead social worker. The case is also discussed with the Police Youth Aid Liaison Officer.
2. The case then goes to a staff meeting where staff, including the Police Youth Liaison Officer, decide on whether to accept the case<sup>10</sup>.
3. Once approval is confirmed the social worker and one other colleague meet with the whanau, complete the entry assessment form and begin to formulate an intervention plan.

Ideally, the referral form is signed by the parents/caregivers and all details required need to be completed on the referral form before submitting. In some instances, schools encourage parents to self-refer. LTTM staff also take turns at attending the weekly police briefings which keeps them in touch with Police activities and clients. This is a transparent activity and the clients are informed of this relationship. Staff are obliged to report any illegal activities.

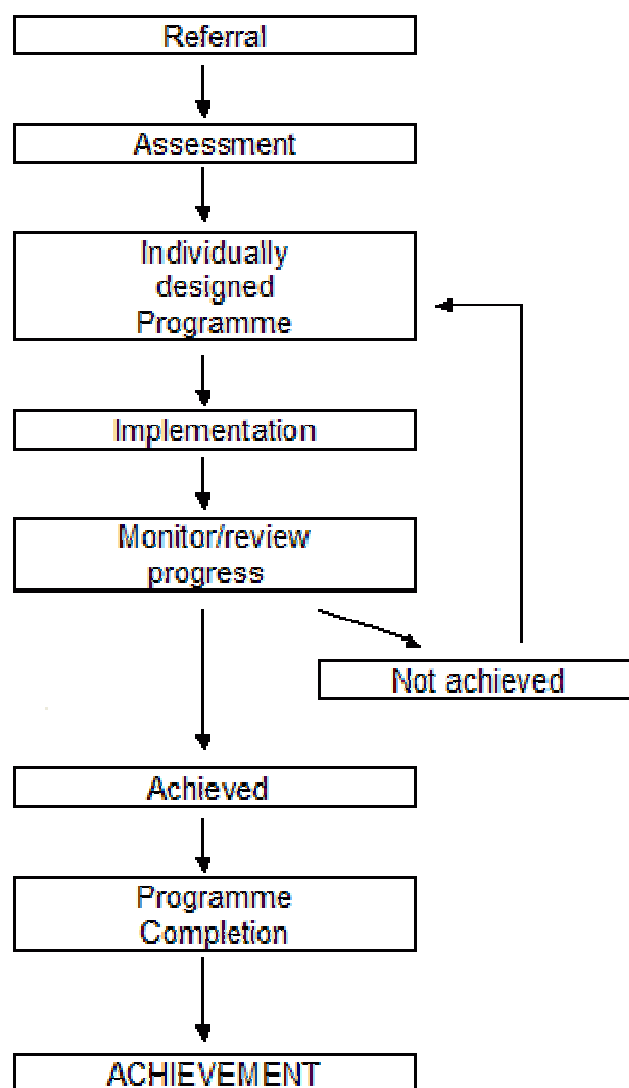
*If they are making kids accountable then they (the adults) are also accountable (Interviews).*

Recent gang problems highlighted this accountability and any information received by the social workers was handed directly to the police after notifying the client whanau of their intentions. Despite the difficulties of this position anything less is regarded by LTTM as collusion.

Generally, LTTM referrals are made by government or community funded agencies that already have contact with the family of the young person and there is sufficient concern for young people who may also be at risk of offending. The youngest referral was 7 or 8 years and the bulk of their referrals come in the last year of Primary School.

- 
1. Previously the decision went to the management committee for approval but this decision now stays with the LTTM social work team

### The Referral Process



**Table 3:** LTTM Referral Diagram (provided by LTTM)

Multi-disciplinary case conferences are held monthly. The purpose of these meetings is to coordinate and manage professionals involved in the lives of whanau on a case-by-case basis and reduce the number of professionals involved in young people's lives. Sometimes, parents come to this meeting. They sign a disclosure request when they come to the service agreeing that their information can be shared. Minutes are kept and sent to the family providing an open and transparent process.

There are other co-ordinating meetings, such as

- Strengthening families
- Pastoral care at one local intermediate
- Family violence network
- MSD/WINZ/Probation links

The entry assessment is comprehensive and areas for support are identified. Once accepted, whanau are sent a letter noting who their social worker will be and when they will be contacted.

#### **DISCUSSION AND RECOMMENDATIONS**

LTTM access to a younger age group may be enhanced by networking with a broader range of agencies. The operational plan should include steps and strategies for achieving this goal. There is a high level of trust in the Practice Manager who guides the referral process and ultimately the selection of clients. No issues were raised by clients concerning the referral process.

#### ***Summary of recommendations***

- 1) *Develop a referral plan with the objective of increased numbers of clients under 10 years old*
- 2) *Consider expanding the source of referrals, especially when focussing on prevention and younger age groups*
- 3) *Monitor and review the ratio of high- and low-risk clients as part of the regular planning review of services*
- 4) *Establish a clear policy for managing the proportions of high- and low-risk clients*

## B. Assessment – entering and exiting Life to the Max

### **Assessment practices**

Assessment in the social service sector is an evaluation of a client's strengths and risk factors and provides the opportunity to identify things that clients would like to be different. It is an important time in the overall process. The entry assessment of young people and their whanau is completed when they are accepted by LTTM as a client and begin working with their social worker. Most young people were unaware that they were being assessed. Most parents remembered answering a range of questions but could not remember the content. They seemed to consider it a necessary part of the process.

*... lots and lots of questions – [I was] desperate so didn't mind assessment questions and process... can't remember much, just wanted to keep him safe and get him through a difficult time.*

Feedback received by the evaluation affirms the current entry assessment being a paced and affirming process where the relationship is established, the professionalism of the service demonstrated and sufficient trust is built to be able to begin working with the client.

It was difficult to ascertain the degree to which young people were involved in the development of their care plan. Potentially, each member of the whanau and the young person could have a care plan. In practice, it seemed that only the young person and one of their parents and occasionally siblings had a plan. Each individualised programme runs for up to 12 months with provision to continue for up to 18 months in exceptional circumstances and includes regular assessment, goals, regularly reviewed care plans, interventions and support.

Despite problems, individuals within whanau are often strongly connected to each other and can be loyal, close, supportive and involved. These are strengths that in a crisis situation can be disregarded or minimised by workers. The following practice story illustrates the importance of relationship building and careful observation rather than action-focused approaches. It also provides an example of the reflective practice demonstrated by this female staff member.

*The young person had come to the notice of LTTM through their behaviours at school. On the first home visit to assess the case a broad range of people present were introduced to the social worker. Without going into the details of the case some progress was made, but not a lot with the whanau being resistant to any suggestions made by the social worker. However, after an unforeseen event the social worker was called in and eventually offered considerable and timely practical support. This proved to be the basis of relationship building, allowing work to be done with both the whanau and the young person. On reflection, the social worker observed an important practice lesson. A critical point had been missed. The fact that all members of the whanau were present including partners was a huge strength that in a social-work practice framework of 'doing' was missed. Outcomes for this whanau and young person, despite some problems including possible alcohol and drug abuse from members of the whanau and mixed behaviours of the young person at school, were very positive with increased connection and involvement of the parent and improved behaviour and direction for the young person, who said,*

*“Feels good – don’t need anyone’s help any more. Know where to go, what to say and know who I can turn to. [Social worker] talked to me. Sorted out my problems at school and home. I’m better at home, not getting into arguments with my sister and listening to Mum better.”*

Now, this young man is very involved in farming activities with a farmer in the area and spends all his spare time working on the farm, which he loves.

#### *Exit assessment*

The exit assessment is an assessment performed around the exit or closure stage to assess the client’s post intervention level of risk and to identify achievements and changes. In practice this seemed to be an opportunity for the client to assess the service they had received. The service aims to have completed the work with each young person within 12 months but this varies according to the needs of the young person and their whanau. Some are on the programme for as little as nine months, most are involved for about 12 months, occasionally some are on the programme for 18 months and in a couple of serious cases contact is ongoing. CYFS contracts usually specify 12 months. LTTM are very clear at the start that the project is only available for a year. They reiterate this point regularly by reminding the young people of their graduation and explicitly discussing the supports that need to be put in place prior to closure.

Staff monitor the intervention carefully to identify the most appropriate point for managing an exit. This can involve taking account of external circumstances, such as a move to a new school that might either require extended involvement to smooth the transition or early withdrawal to remove the chances of stigmatisation through a connection to a service such as LTTM. In most cases young people were well prepared for their exit and a celebration was arranged for each young person who graduated.

One of the social workers described the graduation as an empowering process. The young people recalled their graduation with pleasure, talking about the things they did, such as going to *Daytona, Palmy* and *University*.

Most clients were comfortable finishing with LTTM, however, in some instances the social workers were missed. The attachment that builds between the young person and the people providing the programme should not be underestimated. In one extreme case a young person ran away because he thought he would not see LTTM social workers again when he exited the programme. In a couple of cases the young person was not ready for exit but, as noted above, stigmatisation is an important factor to consider in some cases, especially when starting a new school.

For one young person it was hard knowing he would not see his social worker. However, *Once I got used to it, it was alright. [The social worker] said ‘You can always ring me up if you’ve got problems. If you ring up we can catch up’.*

He had not called but,  
*I just took it on board and used it in the end.*

He said the Social worker calls him sometimes.

In a number of cases informants’ words reflected maturity and personal growth, as illustrated by the following responses.

*It has been ok since then, not too bad, better than it used to be. I was ready for them [LTTM] to finish. It would be cool if he had stayed but I was ready to do it by myself. I have moved on.*

*Finished about a month ago. Feels good – don't need anyone's help any more.*

In most cases, while not liking the change, young people were accepting of it. They considered it a bonus to meet up with their Social Worker as part of their participation in the evaluation and this in itself indicated the quality of the relationship that had been established.

Some parents who were directed by CYFS to attend LTTM were pleased to finish. Social workers suggested that in these cases the whanau were often not ready to work with LTTM and were resistant to change.

While parents understood that they could call LTTM any time if they needed support, this was a difficult transition for some parents who worried about their capabilities as parents, the regression of their children and whether they would be able to cope with crises should they occur.

## DISCUSSION AND RECOMMENDATIONS

### **Assessment Practice**

The levels of participation of whanau and young people in the entry assessments and development of care plans are unclear, although all clients appeared well informed throughout the entry process. The exchange of information and the relationship and trust building now evident as part of LTTM practices is likely to increase the levels of client involvement.

One informant did suggest that, given its emphasis upon collecting and recoding information on forms during this first contact, the assessment process was too long and required too much detail. Social workers commented that some of this information could be gained more informally through, for example, observation and there was also some suggestion of a cultural mismatch with the current process.

Social workers develop their own particular styles for conducting assessments. Humour and informality were keywords used by staff to describe their preferred strategies for managing this important part of the intervention because this helped them to build relationships; a critical objective during assessments. One social worker said it was “like having a conversation”, then writing up notes later.

Contact time with clients is regular although in one case the caregiver felt she needed more information about the child during the time he was not in her care. Regular monthly reviews were evident in all case notes.

### **Entry assessments**

Assessment tools do not have their own inbuilt pragmatic and moral content. This is supplied by the social worker who completes the forms or manages the process. Assessment processes cover the full spectrum from highly structured question/answer formats to very informal, fluid processes that practitioners manage as a conversation. The assessment process is the first point of contact between a whanau and a service and so it can set the tone for the ensuing intervention. Achieving a good fit between the assessment process and the way in which practitioners deliver services is important. LTTM may wish to review their

processes to provide more opportunities for self-assessment and greater engagement by whanau in the overall process. This would enable the assessment process to more closely reflect the style of intervention the service has recently adopted.

Risk management is an important aspect of the assessment and should not be underestimated or left to CYFS to manage. In one example, the initial caregiver was inappropriate and no longer in that role, and it seems the assessment with a subsequent caregiver was not completed. This raises two important points. Firstly, when a caregiver changes, as in the preceding example, an assessment with the new caregiver would seem to be important. Secondly, while CYFS has its own risk management assessments to which LTTM have access and although we are aware that the extensive experience of the Practice Manager reduces risk, it could be important for LTTM to establish its own risk management policy, outlining steps to be taken in certain cases, especially in relation to CYFS cases. Clearly outlined procedures offer the service an element of protection, and the careful recording of information received from CYFS could be very important should there be a serious incident.

In most cases, entry assessments were completed satisfactorily although in some instances a little lightly, perhaps needing more thick description<sup>11</sup>. Client participation in the entry assessment process involved providing responses to questions contained in the assessment form. This process also provided opportunities for clients to respond to any suggestions made by the social worker.

An examination of the questions asked on the assessment form indicates that these are standard wellbeing questions. We are aware of a range of organisations which are evaluating these sorts of practices and systems to make them more young-person and whanau-friendly. The Otago Youth Wellness Centre has reviewed the HHEADSS Assessment<sup>12</sup> which is widely used. While their review of questions was important, the process used for the review, which resulted in many changes in both process and practices, was also of value. Another important resource is a tool and practice guide developed by the Trinity Children's Research Centre (Buckley, 2008, <http://www.aifs.gov.au/institute/seminars/2008/buckley.mp3>)<sup>13</sup>.

### **Exit**

We note that in at least one case the previous methods used by LTTM were not suited to the needs of the particular client, causing this person to exit, whereas the new methods appear to have a better fit. In this case, it was acknowledged by the client and the social worker that the more abrasive approach had repelled them and a softer approach, when the client reconnected with LTTM, paid dividends. Young people reported meeting the social workers casually in the street and seemed very comfortable and pleased when this happened.

LTTM is to be commended for its practice of calling back after finishing with clients, where appropriate, and we note that this work is not funded in any way. We observed that in a number of cases where a call was made by the social worker as a follow up this was appreciated by the clients. Checking up after graduating from LTTM is a valuable technique and does not necessarily encourage dependency. These informal follow-ups are recorded

<sup>11</sup> This term was used by the anthropologist Clifford Geertz to describe the layered, rich and contextual description of an event or social scene

<sup>12</sup> HHEADSS is the acronym for Home, Health, Education, Adolescent offending, Drugs and Alcohol, Sexuality and Suicide

<sup>13</sup> The Australasian Institute of Family Studies internet site has other resources that may be of value.



and this information could be used for ongoing, reflective service-development and self-evaluation. It may be useful to review the exit assessment, to revisit its purpose and to identify ways in which it could be used more effectively for ongoing self-evaluation purposes. This might include, for example, collecting information on progress made, any service impacts, future directions and risk assessment.

***Summary of recommendations***

- 1) Review entry assessment for whanau and youth-friendly questions and processes*
- 2) Identify care plans for all members of whanau who are working with LTTM*
- 3) Assess new caregivers in the same way as the initial caregiver*
- 4) Develop an LTTM risk management or safety-plan policy and implement it for each client*
- 5) Review the policy on follow-up of clients post-graduation with a view to a transition policy and intervention, and seek funding in recognition of this work, to allow it to be undertaken more intentionally and consistently*
- 6) Use all exit assessments to capture a client's progress, future directions, post intervention risk assessment and outcomes, as part of building evaluation capacity*

## C. Life to the Max social work practices and what works?

### ***Practice framework: Wrapping around Whanau***

LTTM works in an ecological way to provide services that work with the whole family while holding the young person as the key client. It utilises a holistic, integrated, flexible, multi-service approach to care. One parent exclaimed, “*That’s what I love about LTTM – it’s my whole family*” (Interview).

### ***Strength based practice***

The work is strengths-based, systemic, intensive, holistic, not specialised (in the sense of providing specialised therapeutic interventions) and importantly, it is child/youth focused. Strengths-based practice works to build on the strengths or positive characteristics of the young person and to use these as resources to actively work on issues and problems that get in the way of them functioning well. It is also based on a respectful relationship with clients and third-parties. The strengths-perspective provides an alternative to deficit-based models that focus on what is going wrong (Saleebey, 2002; Yuschik, 2004, p9).

Active engagement of families in change is critical to the success of strengths practice. Accordingly, beginning work by focusing on the goals parents identify as a priority is an important place to start. Parents often prioritise the issues their children present and social workers explained that once a parent sees changes with their child they are more open to making changes themselves and, therefore, will often focus on trying to generate changes in the child’s behaviour first. For example, in one case, once LTTM was in the school and working with Special Education (GSE) it allowed the pressure to be taken off the parent, making them more receptive and able to change. Social workers note that when one piece in the puzzle can be changed the rest of the presenting issues can also change for the better.

Whanau and young people using LTTM services have strengths that include the capacity to change and being able to ask for help. They also have talents and once identified these energies can be channelled. They know their situation and are knowledgeable about how to make things work. Having the motivation to change is the most promising starting point for the work and children and young people often trigger a desire for change in parents. These characteristics are the basis of change and for establishing well-matched interventions. The paced and relationship building approach now practiced by LTTM ensures that these strengths are more likely to be recognised and creatively used.

### ***Characteristics of best practice and what works?***

#### *Evidence-based and reflective practices*

*The original fairly bullish versions of Evidence Based Practice (EPB) in the human services have gradually been represented in terms that suggest a need to involve service users and to take account of local contexts in which services are delivered. (Shaw et al, 2006, p491)*

It is now acknowledged that social work experience is a valid component of EBP.

Team work as currently practiced at LTTM provides more opportunities for peer supervision. This development in practice is affirmed by the evaluation and LTTM is encouraged to continue to grow and develop this capacity to critically reflect on practice through

mechanisms such as peer supervision. This is often a gap in similar services. As Anning et al (2006) points out, *“much professional knowledge remains tacit in the workplace, expressed only by implication in what professionals actually do...”*(p76). Peer supervision is a way of channelling information from individual staff into the wider agency practice arena. Recording this information contributes to the building of institutional professional knowledge.

An example of an ideal, evidence-based development of a care plan that in general is followed by LTTM is given below.

1. Locate interventions that reflect best practices found in literature relevant to the expected outcomes
2. Select the best fitting intervention in view of the particular client problems, situation and outcomes
3. Supplement and modify the most appropriate and best supported treatments, drawing on practitioner experience and knowledge
4. Monitor and evaluate the effectiveness of the intervention (Shaw et al, 2006, p491)

In this framework, we believe, the area for development at LTTM lies in Point 4, the monitoring and evaluation of the intervention.

LTTM staff obtain practice information on what works from a variety of sources, including team meetings, other social workers, the Practice Manager, social work training, conferences and professional forums.

We drew on interviews with young people and their whanau to identify the strengths of staff and received predominantly positive feedback regarding their work.

<b>Summary of desirable characteristics of social workers and the youth worker noted by young people</b>	
<ul style="list-style-type: none"> <li>• Funny</li> <li>• Honesty</li> <li>• Understanding</li> <li>• Trust</li> <li>• Joyful</li> <li>• Sharing life experience</li> <li>• Caring</li> <li>• Someone to talk to</li> <li>• Wise</li> <li>• Open communication</li> </ul>	<ul style="list-style-type: none"> <li>• Goal setting</li> <li>• Warm</li> <li>• Respectful of young person and their whanau</li> <li>• Social worker and youth worker sharing their experience as a young person</li> <li>• Encouraging young people’s aspirations even when challenging</li> </ul>

Young people’s comments indicated that there was always someone to talk to at LTTM and that they had choices. Some of their comments included:

*... easy to talk to and funny. Sometimes plays around being mean... caring – she makes you laugh.*

*[He is] cool, honest, best that comes around, always honest to everyone, doesn’t keep things to himself well he does but he’s cool, tells you the truth about life... how to become a better person, like to be good towards my mother and that.*

Another said, *I like [social worker] asking me questions, like 'have I been good, finished my work and stuff'.*

Another young person, who said his parents took him to LTTM because they “didn’t know what to do with me”, now realises that there were other people to talk to and reported to the evaluation team that he was getting on better with his family. His interview demonstrated the value of the strengths approach used at LTTM and it provided an excellent illustration of the impact of LTTM practice by allowing us to see the development of this young person’s capacity to self-reflect and be more aware of his relational environment and the resources this contained for him.

*I tell Dad now, I’m always open to them. I always used to keep stuff from them, now I can always say stuff to them without them trying to find out what was wrong. You can always turn your life around. Changed my life.*

Other comments from young people included the following:

*I’m happy when something good happens and when [the social workers] come around. When I’m unhappy I don’t smile and don’t say anything... You feel welcome; the people are nicer than you think. Who’s the scariest? [Laughs] Oh, Pauley. I just thought he was the worst one but when I got to meet him he was the best one.*

*He’s kind, friendly and he knows what you like doing – helps me when I’m down. He just talks like a normal, natural friend.*

*She’s nice and she’s confident and she tells lots of jokes.*

*... easy to talk to and fun... I can talk to him and he listens to me. He is wise, he has good ideas... he would come if I asked him... he is kind and he understands how it is for me... there isn’t anything I don’t like about him. They are really nice people... they are all primo.*

The strengths of the service identified by staff include,

- Staff with appropriate skills
- Child focused and strength-based
- Working alongside young people and their families
- Celebratory - small steps count
- Accurately targeted services
- Programmes are effective with good impacts
- Strong assessment and referral processes
- Good supervision
  - Evaluation frameworks are in place for programmes
- Effective and monitored relationship with CYFS and Police
- Committed governance
- Community connected and working with other NGOs

One of the young people noted the pleasure his social worker got from the work saying that his social worker had said that being a LTTM social worker was not like any other job and that, *“He cared about us and there were rewards for being good.”* (Interviews).

One of the key informants explained how they are developing a new way of collaborative working that models relational learning practices.

*... one of the boys got into a bit of trouble for fighting and so we went and sat on the river bank there and I started pushing [the social worker] around and calling him a coconut and he called me a dumb Maori. And these kids were looking at us and wondering what was going on, and we swung it back on them and said, "what do you reckon guys?"*

### **LTTM Social Worker Practice Story**

This story illustrates the complexity of cases and the difficulty of assessing outcomes in simple terms, drawing attention to the value of using multiple methods to unpack service impacts. This story also has relevance for funders who may be looking only for quantitative data and clear outcomes as evidence of an effective service; it illustrates the explanatory power of a single story.

The parent in this case felt that LTTM withdrew too early, however, it is clear from the case notes in this instance that the priority was education and keeping this young person in school. This was only partially successful despite creative solutions including his role as a group leader on one of the LTTM programmes. The case was identified by staff as successful but outcomes were mixed and the lead social worker agreed with this assessment. Despite case notes being light on detail surrounding the interventions and outcomes for parents (the social worker did note that there had been a breakthrough with the father), the social worker demonstrated strong practice despite tenuous educational outcomes, which are subject to many other influences beyond social work practice. Behavioural problems certainly improved and clearly there were some lessons learned from the young person's perspective.

*My behaviour and attitude changed. I never swore at teachers after that. I didn't want to, there was no point anymore. I still swear now, I just don't do it to teachers, I just learned to draw myself into not doing it, just don't say it to them, think it in your head.*

This case also illustrates a practice approach that emphasises progress rather than a cure. Although the young person was stood down twice last year this was better than the previous year and he said he had only been in one fight, whereas he used to be in "heaps". However, he has also started wagging school again although he notes that he is doing it less than in the past. He says he does not know why he does this, and this reflection raises the value of transition follow up for consideration. Summarising his progress he said,

*I dunno what has made a difference. The [social worker] just taught me how to be more mature; I don't think it is cool anymore to do that.*

### **Other practices**

There was evidence that the use of easily-remembered aphorisms or catchy phrases, such as "you do the work, you get the reward", were a powerful tool for the boys in particular. Young people frequently repeated these phrases during interviews and provided evidence that they had internalised the lessons, learnt what the phrases represented and could apply them in different situations. There was a strong correlation between phrases used by one social worker in particular and quite substantial changes in attitude registered in some young people's interviews. For example,

*You've got to hope for the best but prepare for the worst – can't always get your way in life, there are always barriers and you have to get round them.*

Such phrases served as reminders and reinforced the changes evident in some young people interviewed. These phrases seem to have parallels with the use of metaphor in narrative practice with adults. They provide external, easily recognisable reference points that communicate key messages while avoiding the appearance of lecturing or talking down. They create an easily understood lexicon which helps reinforce the bonding between worker and young person.

One boy felt the social worker had showed him that,

*I didn't have to be naughty to my parents, and ways to be decent and stuff.*

This boy was particularly affected by the story one of the social workers told about their childhood and said that,

*... he [the social worker] said he wasn't good [when he was a boy] and he became a social worker and he found out that there was more to life than just being naughty so he just turned his life around.*

Another informant was strongly influenced by the model the social worker represented and felt he would have no trouble remembering what he had learned, saying,

*[Social Worker]'s the man! We set goals like a week then a month then... yeah I found it hard at first, then I achieved my goals [but] you've only got one life. He was always honest to me and I opened up to him.*

The case reviews and case studies allowed the evaluators an opportunity to explore in detail the work done with seven young people and their whanau and six additional staff-selected cases, where the clients were not interviewed. A number of the cases were particularly complex and challenging, making attribution for impacts difficult. However, overall there was enough evidence to suggest that LTTM case management practices are in good health. Practice at LTTM is strong and meets high professional standards. Strengths of LTTM practices evident in the case notes included, liaison with other agencies, clarity of actions taken, consistent follow up, building positive relationships, most actions explained and information sharing with other agencies.

### **Staff**

The strength of the service is definitely the staff, who are of a high standard and well matched to the client group. They are committed and passionate about their work. A service is only as good as the staff and this fact is well recognised by LTTM management who make every effort to appoint appropriate staff and provide many opportunities for professional development. Supervision is well established and regular with both internal and external supervision available to all staff.

One of the stakeholders noted the special way the social workers work with whanau and young people.

*They know what they are doing but they are laid back about it. They don't force themselves into the family. They create a relationship with the family, but slowly, they don't go and barge themselves in. Knowing some of the problems that they face in these households, they have a gentle approach to people.*

Characteristics of LTTM practices as defined by staff:

1. Intensiveness and extensiveness – across system and prepared to pull other services in for specific pieces of work
2. 12 months work with each young person and whanau
3. Team working but with a key worker both co-ordinating work of other agencies and doing case work
4. Often moving to a stable stage and then passing the client on to other agencies for more specific pieces of work, eg drug/alcohol, mental health, parenting
5. Work to a point so that the whanau knows they can do things on their own and know where to go for help (evident in evaluation results)
6. Cases can be reopened after they have been closed and cases are followed up informally

The interviews undertaken by the young people themselves as part of this evaluation made us aware of the level of trust and positive relationships enjoyed with LTTM staff. The skills they displayed in both developing the questions and implementing the interviews were impressive.

Responses from the Monitoring survey were largely positive with only one diffident response recorded. What young people liked included:

- *Talking to new people.*
- *Hair, makeup, jewellery. We talked.*
- *[Likes LTTM] heaps.*
- *Makes nice Milo.*
- *Fun stuff.*
- *Kind.*
- *Listens.*

#### **Youth worker**

The youth worker played the role of mentor and companion. Parents emphasised the pleasure they got from seeing their sons go out with the youth worker, who was like an older brother and modelled appropriate behaviours.

#### **Areas for improvement raised by clients**

One client felt her some of her practical support needs were not met although there may have been a reason for this. Other comments from individual clients included the desirability of arranging for an appropriate agency to provide respite care; taking young people somewhere for a period of supported care and learning life skills; providing greater flexibility on age for service provision (sometimes working with 15 year olds); and more adventure activities.

One client had returned to LTTM. She described her initial experience with LTTM as insensitive, saying, "*[they] came on hard and strong and do this and do that*". Her second experience was markedly different and she commented on the improved service and her overall satisfaction as being greatly increased.

One of the children initially thought the social workers were trying to break up their parents although later recognised that "*they were just trying to help because they were arguing*". This young person's comments illustrate the potential for children to misinterpret actions and the need for practitioners to be very attentive to the ways in which interactions may be misinterpreted by young people when they are vulnerable.

Two children mentioned that LTTM did not stop the bullying that was happening for them; one with a brother and one at school. While the focus may be on the child, young people expect an intervention to be able to respond to all of the contextual factors that shape and influence their lives.

## DISCUSSION AND RECOMMENDATIONS

Gabrielle Maxwell (2004) clearly articulated the response required to make a difference for young people at risk, saying “... if re-offending is to be reduced and the breach in the social harmony is to be repaired, diversion and de-carceration are critical, as are constructive processes and responses”.

Some other effective responses identified by Maxwell include:

- *Early action is important and is able to be effective in both preventing re-offending and ensuring positive life outcomes.*
- *The focus of early intervention needs to be on building positive relationships in both the school and the family environment, rather than on simply reacting by denunciation or punishment to early indicators of anti social behaviour.*
- *Using diversionary strategies and least restrictive sanctions and avoiding charges in the Youth Court wherever possible is likely to lead to more positive outcomes.*
- *Life events subsequent to the conference also matter – using the opportunity to respond to psychological problems, alcohol and drug misuse, educational failure and lack of employment opportunities are all important options that can reduce re-offending and increase positive life outcomes (p18).*

It was clear to the evaluation that these factors are all part of LTTM practices. A reduction in offending was evident anecdotally in interviews with young people and their whanau and also in some of the community stakeholder interviews. It might be helpful if the offending history and changes in offending were noted in individual client records.

### Case notes

*... practice and qualitative research in social work share a number of common features: the focus on how informants construe their world is congruent with the social work injunction to start where the client is; the contextualisation of data fits with the social work emphasis on understanding the person within his/her environment; “thick” description of individual case studies is parallel to the social work individualisation of social work processes of assessment and intervention; and so on... the perspectives and methods of qualitatively orientated enquiry find their direct reflection in good social work practice. (Greene and Melvin, p501)*

This comparison has resonance for us as evaluators and assists in understanding what best practice for case records might be. The value of case notes that are detailed and comprehensive or ‘thick’<sup>14</sup> is important for reflective practice, accountability and evaluation of outcomes. A key learning arising from the case reviews and interviews with social workers, was of the need to record in detail what happened – to provide accompanying documentation (this was sometimes missing) and, most importantly, to include personal reflections, if not in the official notes then somewhere safe, so that such information could be retrieved for later reflection and analysis.

Case notes were in some instances very good, in others of moderate quality. In a few examples, notes were incomplete: they were light on information or failed to record the current status of particular clients. In one example, analysed as part of the case studies,

<sup>14</sup> Note previous reference to Geertz in footnote #11



concern was expressed by CYFS about the dependency of a particular parent on services at the time LTTM was exiting, but there was no mention of follow up on this point in the case notes.

It was evident in the interviews that some practices and outcomes are not being recorded anywhere. This means that critical positive practices are invisible. All these things need to be recorded. The most significant change stories emphasised this point by highlighting some very positive impacts and effective practices.

LTTM have expertise with children at risk and their service represents an effective response to higher-need young people. Although boundaries are well maintained, managing high risk young people referred from CYFS will be an ongoing challenge. As LTTM intend to focus more on preventative work that will involve interventions with lower-risk young people this will reduce the proportion of high-risk clients in the service at any one time. Achieving a balance of high- and lower-risk clients will be difficult but this direction is affirmed by the findings of this evaluation.

One of the key informants suggested that LTTM raise the age of the client group to 16 years. Rather than expanding the social work component as it is currently practiced with younger clients 5-13 years, this person suggested employing a Maori youth worker to work with older graduates of the current LTTM programmes as a transition group. The youth worker would be able to follow up on all exit cases and also provide a range of supports and recreational/developmental opportunities for this age group. The informant said this action would be “... *keeping them connected to help with that transition*”. It was suggested that this approach may also help support the informal contacts made by the social workers, which currently occurs mostly in their own time. Such a development would provide a discrete piece for potential funding. This would be a formalised response to work already being done and if developed by LTTM more intentionally, would respond in a youth development framework to the movement of a young person from LTTM care to independence. We suggest this would have a synergy with LTTM existing practice. Our findings indicate that while there are other providers for this age group there is a gap in LTTM services for this exiting client group. If this is not an appropriate response then perhaps a more intentional handover to another agency should be considered in some cases. The informant also noted that:

*The first two years of college, they often fall over during that time; they need to be able to keep in with them, even if they change focus and have less of a presence around school, more in the background.*

If funding is available for an additional staff member and the idea of the older transition group of 14-16 years is accepted, the development of the three strands: 7-10 years (preventative), 11-13 years (at risk) and 14-16 years (transition graduates), needs to be carefully monitored for effectiveness, duplication by other services and its effect on staff work levels.

Developing different practices for the different age groups would be a necessary part of any adjustments to the targeted age range. If LTTM chose to include 14-16 year old LTTM graduates we would recommend raising the lower age of 5 years to 7 years. We expect that children younger than 7 years may well be picked up anyway, as the service continues to develop its profile of prevention and effective work with schools.

We do note that prevention would require schools to recognise early signs of distress that might lead to the behaviours exhibited by 10-13 year olds and that they need to refer at an early stage. We would suggest that LTTM continue to develop this area of work with schools and consider offering some sort of information sharing/training as a pilot programme in one of the schools with whom they already have a strong relationship. This initiative would also contribute to the ongoing development of their build relationships with schools.

### **Staff**

*... small-scale, local, grounded and carried out by professionals who directly deliver those self-same services – is embraced across a wide range of professions as an essential ingredient of good practice.* (Greene and Melvin, p502)

### **The social workers**

The social work team is cohesive and staff are well matched and supportive of each other. LTTM investment in staff training and development seems generous and is an essential element of a healthy organisation. This also needs to be linked to strong appraisal processes and involve personnel in decisions concerning their further professional development.

### **Youth work**

Parents and young people commented favourably on the youth work provided by LTTM. However, the youth worker was not replaced when the person in that role left recently. We understand that this position has been difficult to fill as it is challenging for a small agency to find quality staff and the youth worker would need high-level skills to work with high-need LTTM clients. However, the role provides a recreational and personal development component alongside social work. It also seeks to prioritise work specifically aimed at the child and no one else, and to allow the young person to play and be a child. Given the very positive feedback received from parents and young people, and the effective way the service balanced social work and youth work as a specific intervention, we affirm LTTM's intention to review the need for this position in six months and recommend re-establishing the youth work component of the programme. As suggested by staff, the idea of utilising a youth worker on placement at LTTM as part of their training is a good place to begin rebuilding this capacity. The following examples of comments made by young people about the youth worker were recorded.

*He takes me for rides. He comes to see me on Mondays. He is kind, he asks me questions about what I have been doing and if I have been good. He helps me be good. You get to do stuff with them, like activities. We play marbles and see them mostly after school. He's cool to talk to and doesn't make me do anything I don't want to do.*

*At first I thought he was a bit geeky but then he was just cool. I learned from ... never to judge someone by their looks. He is cool.*

*[... ] is kind, caring, joyful, happy, sharing. Best thing was time out from school to spend with ... , forgetting about it for a while"*

The assumption that a social worker can replace a youth worker could well be downplaying the social work intervention and restricting the particular contribution that youth work can make to that sector of the population that is LTTM's client group. It was the synergy between the social work and the youth work that was particularly noted in the data.

We feel there is an opportunity to develop, nurture and protect a distinctive model of youth work practice using LTTM's strong supervisory frameworks alongside and complementing

social work delivery. It has the potential of a unique approach. Youth work is an area of increasing interest and support from government. We suggest that youth work will develop a high profile in the near future as part of key government policies and funding opportunities. The evaluation evidence suggests that this was a valued role perceived by young people and their whanau as distinct from the social work role. Analysing what this difference is, what makes it special and determining which aspects are important for young people and for creating change, using the Youth Development Strategy and the Draft Youth Worker Competencies as reference points, would be a valuable contribution and an important component of LTTM practice. It could also demonstrate how strong the combination of social work and youth work can be.

Considering the predominant ethnicity of clients, it would be useful if this youth worker were Maori. However, as the results show, ethnicity is not necessarily a critical factor for clients. The relationship between the social worker and the previous youth worker modelled a positive way for social work and youth work practices to complement each other. In this way a precedent has already been set.

### **Summary of recommendations**

- 1) *Consider keeping offending records for each client even if only qualitative data*
- 2) *Case notes could be more detailed by recording all client information and changes, enhancing their use as a source of outcomes information*
- 3) *Keep a record of evidence sources that support interventions*
- 4) *Monitor and evaluate all interventions more systematically and record outcomes as part of case records*
- 5) *Explore and identify other sources of information on outcomes*
- 6) *Using phrases, where appropriate, that encapsulate life strategies is endorsed as an effective practice*
- 7) *Explore the possibility of three strands of LTTM work: preventative (5 or 7-10 years), at risk (11-13 years) and transition LTTM graduates (14–16 years). If taken up, ensure the change is carefully monitored, evaluated and recorded*
- 8) *Re-establish the youth worker position with particular responsibility for the transition of graduate LTTM clients, but also with a more general brief across the client base, and working closely with the social workers*
- 9) *Consider developing an information sharing/training session for schools on how to identify at-risk children and pilot it with a school that has a strong relationship with LTTM*

## D. Interventions and care pathways

There are three types of prevention: Primary prevention – *aims at keeping the problems from appearing in the first place*. Secondary prevention – *aims at re-mediating or ‘curing’ it after the problem surfaces*. Tertiary prevention – *intends to reduce the disabling effects of the problem on individuals* (Sylva and Evans, 1999). LTTM works at secondary and tertiary levels. However, as mentioned, there is a move to work in a more primary prevention framework.

Each social work intervention comprises individual work, as well as a number of core programmes developed by social workers to meet their client’s needs. Components of individual work include mentoring, counselling, recreation, accessing health checks, education and family support (which includes a range of interventions to assist in the development of the whanau overall). These services can be delivered in the following modes:

**One-on-one** – working with the young person, usually during school time but not always, on specified goals including skill building. Also working with parents, siblings and others in the whanau.

**Down time** – after-school mentoring – engaging older boys as mentors; developing leadership abilities; ensuring young people are occupied after school; providing new experiences and building on interests.

**School visits** – to either say hello or work more intentionally with the young person in school and/or with teachers.

### ***The LTTM Programmes***

Key elements identified in the literature (using the acronym NOSTO) that guide the effective development of similar interventions to those delivered by LTTM<sup>15</sup> include:

1. (N) Identifying groups of children with similar ***need*** profiles
2. (O) Agreeing on the ***outcomes*** that are desired and may realistically be achieved for one such group
3. (S) Drawing on research evidence and practice wisdom to design ***services*** that logically might be expected to achieve the target outcomes for that group
4. (T) Developing ***threshold*** criteria to ensure that only those children who stand to benefit from the proposed intervention actually get it
5. (O) Implementing the new service and measuring its effectiveness against the desired ***outcomes*** established at the second stage of the process (Axford, 2005, p76)

This is the process generally used by LTTM. NOSTO could be viewed as a rationale for LTTM’s process and as a framework for reporting on outcomes on completion of each programme. Other than in the customer satisfaction surveys and references to peer and individual supervision, the evaluation could not find consistent evidence of a process of programme development outlined in Points 3 and 5 – drawing on research evidence and measurement of outcomes.

Courses/programmes offered to LTTM clients include:

<sup>15</sup> As developed in the Programme logic as part of Workshop 1

1. Cared Straight (a crime prevention course similar to the Scared Straight programme mentioned by McLaren (2000))
2. Remove and Renew (environmental refurbishment and skill building)
3. Boys to Men/Girls to Women (Ataahua Kotiro – beautiful girl; personal growth)
4. Awa Trip – annual adventure activity for those young clients doing well involving travelling down the Whanganui river (group work, cultural and personal growth).

LTTM also ran for a time Dare to be You – a programme developed by the Police that was found to be ineffective with LTTM clients. Taku Wero (my challenge/journey has been absorbed into the Boys to Men Programme. A holiday programme consisting of trips for groups of young people and sometimes their siblings is also offered. The Police Youth Aid Liaison Officer interacts with young people on these courses but outside these activities contact is typically when they have offended.

#### **Aspects of the support process identified by young people as particularly valued**

- |              |                       |
|--------------|-----------------------|
| • Trips      | • Support for sports  |
| • Beach      | • Planning strategies |
| • Dvds       | • The driving range   |
| • Homework   | • Marbles             |
| • Daytona    | • Family days         |
| • Awa Trip   | • Rides in the car    |
| • University | • Role plays          |
| • Swimming   | • Kayaking            |
| • Talking    | • Ropes course        |
| • Playing    | • Challenges          |
| • Joking     | • 10-pin bowling      |
| • Movies     | • Jerry Hill          |
| • Camping    | • Support at school   |

#### **Key interventions (social worker identified)**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| • Sport and recreation             | • Coordination, liaison and advocacy |
| • Health checks                    | • Role models – male and female      |
| • School support                   | • Cultural identity                  |
| • Advocacy                         | • Self esteem building               |
| • Risk reduction                   | • Environmental checks and supports  |
| • Modelling appropriate behaviours | • Skill and strategy building        |
| • Mentoring                        | • Funding applications               |
| • Holiday Programme                | • Counselling                        |
|                                    | • Referrals to other services        |

While the majority of LTTM clients are boys they do have a number of girls on their caseload at various times, both as clients and as siblings. These young women are the responsibility of the female social worker who works alongside the male social workers. As no female clients could be appropriately involved in the evaluation at the time, our information on practices associated with girls is limited and drawn mainly from interviews with parents and social workers.

The services provided for this group are understandably different, with activities such as Girls' Day Out and camps. Girls are able to go on the Awa Trip when staff are available but

an Awa Trip specifically for girls was being discussed. Atahua Kotiro – Girls to Women, is a separate program for girls run by the female social worker. Other trips and outings are organised specifically for girls as required.

Some subtle changes were noted for girls working with LTTM, as one of the social workers described.

*A new client who has been difficult to engage by LTTM recently attended two holiday programs. LTTM staff encouraged her to attend by promoting a trip to Lollipop Land for a younger sibling and her coming along to support her sister. During this trip the girl started to open up and joined in with staff. She was then keen to attend a second trip to Te Papa and was open and willing to share with staff and other clients. The girl also took a leadership role around food preparation. The girl sought a hug from staff (female) when the day had finished; a signal of significant inner changes.*

These programmes are creatively delivered by all the social workers using personal experience, peer support, story telling, outdoor adventures and challenges, role plays, leadership development and group work. One young person remembered some activities he did on the Boys to Men course. It was a memorable activity for this young person.

*[We] did role-plays about respecting women... did Jake the Muss. Then they did it 'the good way'. Went to Virginia Lake; went with a couple of the others to set up the role-play and practice.*

And another young person said,

*It was about how to face your fears and stuff and do challenges. Did the Kai Iwi beach, set up a challenge – dived under the water for a note as a group... about team-building skills and facing fears. It was a bit scary in bare feet, we had to find the treasure and decide who would get it. Doing things we have learned. Had to do one [a role-play] about selling dope at school, then they do the good one about saying 'nah'.*

Devising useful strategies and practising them were critical learning for many young people. One young person expressed his grief over his parents' separation and used the messages given by the social worker to reframe his views on life and develop strategies to deal with life events in a way we are convinced will remain with this young person.

*I took it hard over my Dad and Mum breaking up and was naughty, then I met [the social worker] and he changed me around – helped me to overcome my problems. If things happen you just have to deal with it. Can't make them get back together, just get on with it as you're doing them a favour and doing yourself a favour.*

LTTM have developed a programme called Remove and Renew which involves working with the whole family/whanau to rejuvenate their home environment. This draws on foundational social work practice theory and highlights the importance of:

1. Supporting around concrete skills and activities
2. Engaging in activities that provide opportunities for relationship building in an unthreatening context
3. Improving the quality of daily life for people
4. Contributing to the achievement of visible differences and changes early on in the support process

The respectful and appropriate delivery of this programme, which involves the social workers mucking in alongside whanau and the young person, has proved to be a successful intervention. As an illustration of its value we examined the experience of the particular

whanau who piloted this intervention. The mother reported that it had a high level of acceptability for her as an early approach to relationship building. The young person in this case has continued to do his chores such as mowing the lawns and, despite a major crisis, the parent has maintained the home to the level they established at the beginning of the programme. She said,

*[I] felt [Remove and Renew] encouraged [her son] to respect his home and he does more to support me in the home.*

She felt it was more about supporting her:

*Hands on – good basic skills. Awesome – certainly made a difference for me and [her son].*

The Awa Trip is also highly valued by both young people and parents.

*He went away a young fella and came back a young man – keep waiting for him to swing back into naughty behaviour but he hasn't - just stays at home with me.*

A Maori kaumatua who has assisted with this trip for eight or nine years, explained the power and influential nature of the Awa Trip and the indirect and change inducing nature of the work.

*That is what the river does. [It provides a place where they learn how to say] this is what has happened let's go and deal with it. Can't run away from it. There is a river in front of us, what are we going to do? We have got to work together to get through it and if we don't we will have to help each other get out of the water and dry off. You need to give each other a hand... Yeah, they expect me to do that. But when we are on the river, it is a different trip. It isn't about pushing Maori, it is about letting those boys find themselves in that space and just letting them be. Letting them be boys and play.*

The suggestion that LTTM consider ways in which the Awa Trip (or a similar adventure/developmental activity) can be made available as appropriate for fathers and for girls is supported by the evaluation findings.

The ability to match appropriate activities to the unique needs of each client is evident in the interventions LTTM provide, including the following reported by one of the mothers.

*Having a male figure was helpful for him (son) as there are no males in his life. The [social worker] did a scrap book for him with phrases such as 'Don't be a father before you're a man' and 'Take the high way not the hard way'. [Her son] looks at it every now and then. Boarding school is a possibility and [the social worker] told [her son] stories about his time at boarding school.*

Addressing negative behaviours is core business for LTTM. Anger issues were a commonly expressed problem as was opening communication lines within families. "Talking rather than fighting" was mentioned. Other areas of concern were decisions about school and living arrangements for young people. There was evidence of valuable work being done with fathers, and this is another area where LTTM can develop and apply its expertise for the benefit of fathers<sup>16</sup>. Work with fathers is a growing area of social practice and there is scope for LTTM to develop specific father-focused packages that could be attractive to funders.

---

<sup>16</sup> See Fletcher, Richard (2008) *Father-inclusive practice and associated professional competencies* ARFC Briefing Australian Family Relationships Clearing House, Australian Family Institute of Family Studies website <http://www.aifs.gov.au/>



Young people often acted out their problems. Both young people and their parents reported significant changes in some cases and more moderate changes in others as a result of LTTM interventions.

*[I] don't fight any more, don't swear at the teacher.*

## DISCUSSION AND RECOMMENDATIONS

McLaren (2000) comments, "One of the things that almost all studies agree on is that the most effective approach in changing risk factors for the better is to target more than one of them, and use a variety of techniques to change them". These strategies are the basis of LTTM practices and delivery. McLaren's research shows that effective interventions

1. *Are multi-faceted and multi-modal, that is, any effective interventions should target multiple causes of offending using multiple techniques and teach new skills in active ways*
2. *Use cognitive and behavioural techniques*
3. *Have staff who are able to relate to young people easily, establishing warm and friendly relationships, but also setting limits and enforcing the rules*
4. *Touch the four corners of a young person's life – family, school/work, peer group and neighbourhood*
5. *Fair and respectful treatment makes a difference to the outcome*

Research also shows that programmes that are effective for Maori youth generally take "... a holistic approach, involve whanau, and incorporate tikanga and whanaungatanga (relationships within the extended family, or family type relationships), are tailored to the needs of individuals and their whanau and enhance cultural pride and knowledge of ancestry."(Becroft, 2005)

The programmes offered by LTTM, combined with the practical, innovative and young people friendly approach reflect all McLaren's and Becroft's criteria for effective interventions. The combinations of workers who are selected to match the needs of particular groups of clients, modeling appropriate behaviours and the strong link to whanau evident in both their practices and comments, make for strong interventions. However, we reiterate that the development of regular self-evaluation of programmes and interventions is critical for LTTM if it is to continue to innovate and develop its services in ways that will play an instrumental role in the development of the young people they support. Client satisfaction surveys are useful as snapshots but do not provide rigorous and reliable data upon which to build ongoing innovation and excellence.

Developing an awareness of the consequences of actions is a strong thread in LTTM social work practices. As social workers are aware, programmes like Cared Straight are known to be ineffective in the long term, at least as far as the evidence literature is concerned (see McLaren, 2000), because the initial shock wears off in time and is insufficient to achieve sustainable change in young people.

In the short term, some young people reported finding Cared Straight helpful as the following comment suggests.

*[Went for a]\_ride in a police car - 'cause us boys weren't being too good and that was what was going to happen, we were going to go there. Was this a good thing to do? Yup, 'cause they get to see what its like if they haven't already been there.*



However, it is not clear that this will translate into long term behavioural change and risk reduction. The content of the course is different to that of Boys to Men and yet similar effects to those sought as part of Cared Straight were evident in the responses of young people talking about Boys to Men and other interventions. Young people interviewed noted an increasing awareness of the consequences of their actions and in the Boys to Men course the most effective factor was the social workers' sharing their own cautionary tales with the young people. Relationship building by the social workers results in the young people developing considerable respect for the social workers, This, in turn, provides a powerful and influential basis for absorbing lessons about crime and consequences.

*I have never seen [social worker] cross. But you know when he is disappointed. You want to do things differently so he won't be disappointed.*

Our observation is that the outcomes anticipated from Cared Straight are also achieved by the modelling and discussion that happens as part of the Boys to Men programme.

McLaren, in 'Tough is not Enough' (McLaren, 2000) states,

*Interventions that focus only on getting tough with young offenders almost always fail. Boot camps, scared straight, shock probation, para-military training and any other intervention that tries to scare or punish young people out of crime... In just the same way persistent young offenders need not only to be held accountable for their behaviour, but to be exposed to opportunities to learn new behaviour, and the values that will help them to value that behaviour. It comes as no surprise then that the most effective interventions are the ones that do just that. Having clear rules and sanctions, fairly applied, and holding young people accountable for their behaviour is as far as tough goes before it stops being effective. Even then, rules and sanctions must be combined with other interventions to have an impact on offending. (p13)*

### **Summary of recommendations**

- 1) *Provide more adventure activities (Interviews with young people)*
- 2) *Continue to develop the Remove and Renew programme, being sure to evaluate outcomes after each intervention*
- 3) *Review the value of Cared Straight and potential duplication of lessons that might be more appropriately delivered as part of other interventions, especially Boys to Men*
- 4) *Formalise an Awa Trip for girls as well as designing other adventures for girls such as ropes courses, abseiling, horse riding (including the care of horses) and other challenging activities*
- 5) *Extend the work with kaumatua where possible*

## E. Changes and outcomes

The criteria for successful outcomes for LTTM clients were identified during the first evaluation workshop when the programme logic was developed. These criteria were identified as:

- Risk reduction
- Reduced offending
- Harm reduction
- Educational continuity established
- Families stabilised and supported

Reduced offending as a criterion was identified as problematic by staff who increasingly see their work as more systemic and ecological. This means that reductions in offending are a longer-term outcome which may not become apparent until long after the client has exited the service. Furthermore,

*Moffitt (1993) and Little et al (2004a) found that a multi systemic intervention over an extended period would have no effect on conviction rates ... but would reduce the volume of offences committed by around 30%. (Axford, 2005, p77)*

This was evident in the case studies and interviews where offending seemed to have been reduced or stopped despite there still being a small number of reported convictions. Given the domain in which LTTM works, with complex, high-risk young people, results such as these are significant, particularly when the young people themselves and their whanau point to the significance of LTTM in successful individual outcomes.

Other anecdotal indicators of success noted included:

- Staying in school, not coming to attention at school
- Positive relationships with peers
- Positive and healthy relationships in families – less role confusion
- Reduced offending
- Improved cultural identity
- Open to new experiences
- Passion for life
- Reason for living
- Purpose
- Optimistic
- Able to make good decisions and choices –the right ones (Interviews)

In order to gain a sense of the role and contribution that LTTM had in changes, we paid close attention to parent and young person accounts. We collected many examples of changes in young people's lives and in their whanau circumstances and LTTM was frequently identified as playing a central role in these.

One parent, for instance, noticed that although behaviour had improved a little, her son was still behind with school but noted that if LTTM had not helped, her son would not have been in school and other aspects of family life would also have been harder. She responded well to the gentle, support-with-challenge approach that LTTM has developed in more recent

times. She also felt that she still needed support, providing an example of the value of checking in with a family at intervals after they exit LTTM.

Changes that are positive in terms of reducing risk indicators can also have negative impacts from the client's point of view. In this connection, we observed that one young person no longer had contact with friends who had a negative influence on him. While beneficial in many ways, the loss of friends left a gap that was hard to fill and his comments when asked what he liked doing reflected this.

*Just playing at home. Mostly just playing xbox inside, grand theft auto. By myself, it gets a bit lonely.*

Reported outcomes from informants including whanau, young people and social workers indicated a range of changes, some of which were substantial. As one of the social workers observed, people's capacity to change can be surprising.

*People you didn't expect to, will step up.*

Alternatively, social workers say whanau can have unrealistic ideas about what can change and what change will mean for them. An important part of their social work practice is the ability to "walk alongside [whanau]... working on little successes, taking small steps and celebrating even small changes".

One of the social workers described how she met one of the young people in the street when he was with his mates who were smoking. The young man told them to put the cigarettes out as the social worker would not like them smoking. While this young person still had significant unresolved issues he also had developed some reflective skills that enabled him to understand what was expected of him.

Responses received from parents/caregivers and young people illustrated a considerable range of presenting issues and their responses indicate some real changes were evident after LTTM, reflecting the criteria established for identifying success noted above.

Parents' comments included:

*Didn't think you could teach parenting. Surprised. Helped at first but does slip so want to do the course again.*

*Given him responsibility and respect for himself and other people. Pulled his weight a lot. Well-mannered now and you can talk to the child and it's always 'no thank you', 'pardon', 'excuse me', where it used to be 'what', 'eh' – he's learnt what that word 'respect' means and as far as LTTM is concerned I take my hat off to them, I really do.*

*Rate them very highly. Every time he sees [the social worker] or [youth worker] he just lights up. [Social worker] been there and done that... even [the other social worker]. Bring themselves down to their level... you have to do that, then you understand them better.*

In another case, the social worker had mediated a young person's move to live with his father, recognising this as being important, as he had not had contact with him before. In this context, Markham et al (2003) note that strong family bonds may be a protective factor with high-risk young people, and including activities that acknowledge the influence of family relationships and facilitate positive parent-child interactions may increase the efficacy of programs for reducing risk-taking behaviours.

The mother also said she felt affirmed as Maori and referring to the social worker said,

*They were there for me. He's making good choices now. Changed schools and away from his mates who have gang affiliations. He didn't want to change so it was hard. He wasn't with LTTM long. Doing well with him (the father) and lives with his grandparents as well. He's [the social worker] been there, he shares his experience. Not doing drugs etc. now he is with his Dad.*

Another parent said,

*[Social worker] felt work was finished and he was just so much happier and even people have noticed how much happier he is. He talks about his father more now. I honestly think that it was LTTM.*

Changes for one parent were identified in the following comments:

*I think they're doing everything right. If they hadn't come on board I'd be in jail and I would have cracked someone at CYFS. Happy with the way they have handled things. They are happy to listen to what I say as well.*

This person had been sentenced to a month in prison and the social worker decided to take the children to see the parent in prison, which was very upsetting for the parent. However, drawing attention to the perceptive courage of the worker, one informant observed,

*[The social worker] goes 'no, this is your life, this is your [the parent's] life, they need to know where you are,' and since that happened the whole family has blossomed because the parent was ashamed that their son had seen them in prison. That is the way it is. So they are very innovative. Well, it's not innovative, it's just real-life stuff that they do. Real-life stuff.*

Another parent explained the changes that had evolved for her:

*Moved to a better area and this has helped. Helped me to link to other organisations and programmes to help boys. Anger issues for one of the boys – understand how to manage him and the [social worker] gave him strategies. He is more confident now and has his anger under control. Doing Boys to Men course, which is very good. Best is the progress. [Her son] has been so good – his anger has improved. He has come a long way. They've been an excellent organisation especially with Maori children. [Police Youth Liaison Officer] is awesome with the kids and they have [social worker] who is Maori.*

Sometimes it was just maturity and a readiness to look at behaviours that made a difference.

*I just stopped all of a sudden and I'm like a good boy even though I'm still bit of a rebel... like flicking bits of rubber... except I aren't as bad as I was at Tawhero. Don't smoke as much and don't take them to school... Stopped me from doing dope and helped me with my alcohol.*

Finally, change could not be more clearly illustrated than in the following comments from a parent. The first response was taken from the initial interview not long after the young person had started with LTTM and the second interview was completed six months later.

*August 2007 [I] hope he will change but maybe I am expecting too much. Would like him to do better with his school work and be aware of the consequences of his actions. When he has been with LTTM he seems to try but then he regresses quite quickly – it's a worry.*

*February 2008. Relationships are improving. Slowly improving around consequences of his actions. Last time I spoke to you I thought nothing was going to happen. There's been some major changes – no stealing, not lying. It will be a shame when it finishes. I know I can just call in and they will help me.*

## DISCUSSION AND RECOMMENDATIONS

A few comments on offending and its reduction are required. In the past, this was the main outcome sought by LTTM. Reductions in offending remain as one of their objectives and this involves the whole family, not just the young person. This objective is linked to a significant strand of funding and staff feel this objective can best be achieved by focusing on other, smaller steps and goals and by working in an ecological mode with the whole whanau. They note that offending takes place in a context and if that context is addressed, then the offending will reduce in time as a consequence.

This view is well supported in the literature and data gathered in this evaluation provides some evidence to suggest that this approach will produce good results in the long term. For example, an ex-gang member sought help for one of their children. While the client did not stop offending, the siblings did not start offending, which was a significant success. In another example, a youth who was offending and being violent towards his family prior to LTTM managed to reduce these events to occasional incidents after being on the programme and could identify components of LTTM practice that played a role in these changes, of which he was proud. The young person explained that the social worker,

*... taught me to be a better person and that there's more to life than just mucking around. Changed my ways, like how to take advantage of what I've got, like I should be thankful for what I eat 'cause some people don't even get food on the table and that, and to appreciate it and to appreciate everything I get.*

Social workers stressed the ripple effect of changes, as in the following story.

*A boy witnessed his mother physically assaulting his sisters after the mother and two daughters started arguing. The boy, who was scared and shaken by what he had witnessed, phoned the police to seek assistance. The police attended the house to defuse the situation. This was a significant change as previously this behaviour would have been unreported. However, LTTM had been working hard with the boy to address his own anger issues. The boy has in the past been made accountable for his own violence and is now learning that no violence is acceptable. Since this has been reported, the social worker has been able to address further issues that had previously been kept quiet in the home.*

### **Summary of recommendations**

- 1) *That LTTM continue to be aware of the costs of change for clients and remain positive but realistic about anticipated outcomes*
- 2) *That LTTM continue with its current approach of working ecologically with whanau and their young people*
- 3) *Working intentionally with fathers in particular is to be encouraged as a distinctive aspect of LTTM work*

## F. External relationships and building social capital

LTTM is known and respected in the wider community and its reliability and responsiveness were consistently mentioned by key informants, who saw it as being there for the long haul. It is acknowledged that LTTM tends to take the more challenging cases – *the kids on the edge* as one informant noted – and this is appreciated. Most felt communication was excellent although one of the schools felt they could have been more regularly informed of the progress of one of their students. One agency also noted that due to the flat style of management at LTTM, the Practice Manager's role needed some clarification.

LTTM works with a range of agencies both as referrers and as co-managers of clients. Sharing of information is critical to these relationships. As one social worker commented, parents can present very convincingly. As an example she described one professional parent with a child who was delayed in reading. The RTLB thought that this had neurological causes until they attended a case meeting and discovered abuse and other issues in the family. This emphasises the fact that workers sometimes only discover the full story when considering information from all agencies that allows them to piece together the case history of a young person.

Liaison between agencies, especially CYFS, is critical in the work with parents of the young people. The evaluation and case reviews indicate these relationships are effectively managed. Their relationships with CYFS and Police, both key agencies for LTTM, are effective and monitored with clear boundaries. Agencies often struggle in their relationship with these two strong services. Having a Practice Manager who has worked for and is well respected by CYFS gives LTTM a considerable advantage. A healthy relationship with these two powerful agencies is essential in advocating for clients, as the following comments illustrate. The Practice Manager's skilled management of both relationships is a real asset, as this is not an easy job.

*[Previous agencies] talked down to me, intimidate the shit out of me and walking in and threatening to take [child] away from me. I told them that they may as well call the cops and an ambo. They [LTTM] come in and talk real to me – don't have to get out a dictionary and try and understand. Layman's terms.*

LTTM's relationship with the Police is strong and provides advantages to both sides in terms of information and referral. The reduced involvement of the Police in LTTM has worked well for the organisation and there is now more balanced input in the form of the Police Youth Aid Liaison Officer with the additional presence of the two Police Education Officers.

### **Schools**

*The best single predictor of academic performance before a child reaches elementary school is the family's socio-economic level, with many more children from the lowest income levels doing poorly. Once in elementary school, however, academic performance becomes a better predictor of subsequent performance. (Sylva and Evans, 1999, p 279)*

*Outcomes for students who fail at school are poor and they are more likely to end up imprisoned or on Welfare. (Denny, 2004)*

Schools and education for young people is a significant area of work for LTTM. The following comments illustrate some of the issues faced by parents when communicating with schools and the valuable role played by LTTM.

*[If they hadn't liaised with the school] I would have taken out one of the teachers.*

Schools can also be challenging to work with, often wanting LTTM to work with all the youth that cause problems in the school and expecting LTTM to give priority to the issues causing problems for the school rather than those which are a priority for the young person. Stigmatisation of young people working with LTTM can also be a problem. Once a young person is known to be with LTTM, social workers say they can get blamed for everything that goes wrong in the school. Sometimes social workers do not tell the school that they are involved with a young person to protect them from this sort of labelling. In some instances it is in the child's interests to withdraw from the case.

LTTM's relationship with schools is critical to their work and requires a special mention. All school staff interviewed reported favourably on work done with young people. They used words and phrases such as: *turn-arounds; strategies; alongside you; learning things; collaborative; how can we help you; don't drop the ball; and partnership.* Teachers did not feel put down; there were a number of examples of changed teaching practices as a result of working with LTTM. Given the significance of school in the quality of young people's day-to-day lives and future successes, the development of positive relationships with schools is to be commended and should be continued.

Teachers noted differences in effectiveness compared to other organisations (statutory and NGO) that have visiting roles in schools. LTTM liaises well with teachers and models different ways of working with young people. The records kept by one of the teachers interviewed indicate evidence of longer-term change. This teacher reported significant changes for two students that were sustained over a period of 4 years. Another mentioned two clients of LTTM (who coincidentally were case studies included in the evaluation) who made huge progress, which the teacher attributed to LTTM. It is important to note that these successes in the former case were facilitated by the quality of the communication between intermediate and secondary school, as the care plan developed for the young person travelled with the child to the new school.

## **DISCUSSION AND RECOMMENDATIONS**

Initially, LTTM had a predominantly coordinating role, and while this has changed in recent years, some community stakeholders were confused about the extent and nature of current practice, including the role of the Practice Manager.

LTTM's changed relationship with Police has been very successful, including activities such as the sharing of information, their linked roles with young people most at risk and educating the Police on social matters. We note that the presence of the Police Education Officers in the same building provides good opportunities to work together. While we understand that there is collaborative work being done, we suggest that potential opportunities to do this be further explored in relation to LTTM's work with schools. This work provides an opportunity to enhance the roles of both LTTM and the Police Education Officers in the context of their work in schools, and for both parties to consider the further development of the synergies able to be achieved from these complementary roles.



A review of the Cared Straight programme, as mentioned in the interventions section, could also explore the role of the Police Youth Aid Liaison Officer in this programme; understanding the need for a stern police role when young people offend but also the value of playing the role of advisor and confidante. We observed that the police are seeking opportunities to present a more approachable face to young people and we understand that a strength based approach applies just as much to programmes as it does to social work practice. We therefore suggest that LTTM review the range of methods used to draw police personnel into the programmes in light of their recently changed social work practices.

LTTM has the distinct advantage of support and sponsorship from two major organisations: the Police and CYFS, and these relationships give the service credibility and a certain amount of power. Some agencies see LTTM as the new kids on the block and identify a need to work more collegially. The evaluation was seen by some as an opportunity to dialogue and learn with other agencies in a collegial and transparent fashion. Professional collaboration that is focussed not only on clients is to be encouraged. We emphasise the need for LTTM to get out in the community as much as possible – not just at a professional level – to ensure all agencies are aware of current LTTM developments and practices.

LTTM have managed their relationship with schools well without their work being compromised. Feedback from schools, as part of the evaluation indicates that the organisation is well respected and many of their referrals come from this source. It is evident that there is room to develop this relationship further both in terms of the work with young people and specific interventions, and more systemically around school processes and attitudes that are not supportive of young people. As noted in a previous section, education and training for schools would seem to be a priority.

We would suggest that some strategic long-term planning is required on how LTTM plans to engage and develop their relationship with schools, and over what time-frame. This will involve the development of a clear process both at the level of the child and the school and across all the schools. The data emphasises the powerlessness felt by both young people and their whanau around what is happening to them at school. The work done by LTTM in this area is critical to the future outcomes for their clients.

### ***Summary of recommendations***

- 1) *Continue to develop the relationship with Police Education Officers*
- 2) *Review the role of the Police Youth Aid Liaison Officer and further develop it in line with recently changed social work practices*
- 3) *Given the significance for young people of LTTM's relationship with schools, we recommend the development of an integrated action plan which will focus on what LTTM wants to do in schools and how, as part of future planning of activities, such a plan might change attitudes and strategically improve the position of these children in the schools*



## Part 2: Governance and Management Structures

### G. Governance

LTTM has a three-tiered governance/management structure consisting of the LTTM service, a Management Committee and a Board of Trustees. This structure was developed when LTTM began as a Charitable Trust and a Coordinator was employed through the Police to run the programme. This structure worked very well for this stage of LTTM's development. The Management Committee managed the service and the Coordinator of LTTM delivered the programme. The project has now developed to the point where it employs a number of staff with specialised roles including a Practice Manager, Office Manager, three expert social work practitioners and, until recently, a youth worker. The Board of Trustees and Management Committee are organised in the following ways.

#### **Management Committee**

The Management Committee includes both Trustees and some LTTM staff. It includes the Chairperson of the Trust, Lance Rowe; the two other Trustees, Carla Donson (who replaced Brenda Baxter at the end of 2007) and Keith Smith; the LTTM Practice Manager, Annie Firaza; and Liz Hoskin, the Office Manager, who takes the minutes. Lance Rowe has also been Chairperson of the Management Committee since LTTM was initiated. The Management Committee meets once a fortnight.

#### **Board of Trustees**

The Board of Trustees has a Chairperson and seven other members and provides governance. In principal, the Trust also provides strategic direction and a final assessment in the case of any grievances or reviews following questions raised about LTTM's service. The Chairperson, Lance Rowe and two of the Trustees are also on the Management Committee (discussed above). Excluding these people, no specific roles are allocated to other Trustees who include Judith McDonald, Kate Joblin, Charles Quirk and Duncan McLeod. The Trust meets quarterly.

#### **Governance roles and relationships**

The LTTM Trust Board is a strong, professional group that is fully supportive of LTTM staff and services. The Chairperson of both the Trust and the Management Committee is regarded by all informants as exceptionally supportive and committed and this commitment and advocacy has been a major factor in the success of LTTM. His consistent leadership has made an important contribution to the stability and development of the organisation as a key social service agency in Whanganui. The Chairperson's support and standing in the community is a significant strengthening factor for LTTM both through upper level contacts and as a source of advice and support for all staff independent of the day-to-day running of the service.

### DISCUSSION AND RECOMMENDATIONS

*Organizations, like people, go through periodic transitions. Like people, some find transitions difficult, even painful. One such transition may involve a move from an informal approach to*

*governance or "jeans" toward one that is more systematic or formal - "jackets". This metaphor captures, to some degree, the change from an easy-going way of doing things to one where there is more structure. The "jeans-to-jackets" transition does not have to be painful - in fact, it can be constructive and even revitalizing for an organization (Plumptre and Laskin, 2003, p3).*

### **Governance, roles and relationships**

La Piana Associates (2003) describe a healthy governance function as being in place when *"the organisation has a Board of Directors that works collaboratively with the Executive Director, defines the mission and then develops strategies and policies to advance it. It also provides an independent check on management's actions and a connection to the community it serves. Other aspects of governance capacity include the board members being recognised leaders with appropriate expertise"* (p11).

Reflecting on this statement and the description of the governance structure provided above, there are some areas that the Trust might like to review in order to develop as an even stronger and more effective governing body. Data gathered from key stakeholders, Management Committee and Trustees suggests that the purpose of the Board and what Trustee's contribution might be is currently unclear. Information flows between the Management Committee and the Trustees have been limited until recently. It is our observation that the management and governance structure of LTTM restricts the capacity of the Board of Trustees to function effectively and as a result the organisation is not able to gain maximum benefits from this highly skilled group. It is timely that LTTM review their structures and processes.

The Canadian Institute of Governance<sup>17</sup> has examined the function of governance bodies in considerable detail and their recommendations provide a suitable framework for reviewing LTTM's governance structures.

#### (1) One Size Does Not Fit All

A clear, regular and consistent information exchange between the service management and all members of the Trust is essential. Since the interim evaluation reporting workshop we understand communications between Management Committee and the Board of Trustees have been discussed. Flexibility is important and LTTM is impressive in its adjustment to significant changes. However, as an organisation, its governance structures might need to change also. Exploring LTTM's current stage of development and what governance structure might best support this development is recommended.

#### (2) Have a Clear, Up-to-date Mission Statement

LTTM's Mission Statement needs to be reviewed on a regular basis as part of reviewing the strategic plan. The Mission Statement is also linked, as an important part of the Strategic Plan, to the Operational Plan discussed below in Point 17.

#### (3) Can you answer: "Where do you want your organization to be in 5 years"?

---

<sup>17</sup> Canadian Institute of Governance, <http://www.iog.ca/boardgovernance/index.html>

This question would be answered as part of developing the Strategic Plan. We would recommend that this question is answered by all staff as part of a bottom-up planning process in-line with the recently developed team approach and as part of the new Strategic Plan.

#### [\(4\) Get the Right People Around the Board Table](#)

Trusts function at their best when the right people are recruited to them. LTTM have been very strategic and successful in recruiting Trustees who bring to LTTM a solid balance of strengths and expertise covering the key practice and policy domains. While the Trust consists of recognised leaders with appropriate expertise and the essence of their working relationships is collaborative, their skills appear to have been largely underutilised and the functions of the Trust, including the management of a number of crises, are mainly delivered by the Management Committee. Evaluation data suggests that the role of the Trust is predominantly 'rubber stamping' decisions made by the Management Committee. While understandable under the current governance structure, this is not an approach that will encourage Trustees to stay on the Board. We suspect that the full potential of the Trust Board is largely unrealised and that this will eventually affect the calibre of the candidates on offer as members leave through natural turnover.

#### [\(5\) Have a Fair, Transparent and Appropriate Nominations Process](#)

Shoulder-tapping as a means of recruiting Trustees seems to work for LTTM and as long as all new appointees are approved by all Trustees before being approached the system is adequate. The ethnic mix of the Trust needs consideration and this should be done in a meaningful, not tokenistic, way. Currently they receive advice from a number of sources that are connected to Iwi and one in particular has kaumatua status with LTTM. It may be that this is sufficient and staff certainly find this satisfactory. However, an ongoing awareness and monitoring of this primary relationship is advised.

#### [\(6\) Don't Leave New Board Members Out in the Cold!](#)

This point emphasises the importance of a documented orientation process and perhaps buddy system that provides clear expectations of the Trust member's role and contribution. We note that orientation processes for Trustees are fairly casual although there is a written orientation package and they usually have one visit to LTTM's offices. As one Trustee pointed out, if one of the roles of a trustee is as an ambassador for LTTM then up-to-date, accurate information about the service is critical, including being very familiar with staff and services.

#### [\(7\) Build Teamwork](#)

The role of the Trustees has been largely superseded by the Management Committee so any team building has been marginalised as there is limited activity to build a team around. However, a special focus on team building would be recommended as part of any restructuring of management and governance structures.

#### [\(8\) A Good Chair is Important to Have](#)

This role is in good hands, as explained above. However, the demand of playing a management role as well as a governance role risks placing the Chairperson under extreme

pressure, especially as LTTM's work changes and expands. The presence of the Chairperson on both the Trust and the Management Committee also poses risks for the organisation, as it removes the capacity of the Trust to act independently should it be required to review management decisions. A review of this role as part of evaluating the LTTM governance structure would be recommended (see Point 9).

[\(9\) Have Clearly Defined Roles and Responsibilities... \(10\) particularly with the Board and CEO](#)

LTTM now has a senior Practice Manager who is providing strong leadership to the organisation. In this context it is difficult to see the continuing need for a Management Committee. A well-managed Trust to which the Practice Manager reports would provide a clearer set of boundaries between governance and management, and free the Trustees to govern and the Practice Manager to manage. This should be supported by clear supervisory arrangements for the Practice Manager both in terms of clinical work and her management role. We failed to be convinced of the necessity of this additional layer of management and believe the role of the Management Committee as a buffer between the governance activities and service delivery, where it negotiates contracts, is no longer necessary.

As discussed in Point 6, a strong orientation process would assist in the clarification of Trustee roles, enabling them to maximise their effectiveness in terms of fulfilling the reasons they were brought on to the Board. The Trust might also consider establishing specialist portfolio roles for individual members, again to maximise their contributions.

[\(11\) What About Board-Staff Relations?](#)

Interviews with staff suggest a keenness to have more interaction with Trustees so that they are well known to each other. Interviews with Trustees confirm this desire to know each other better in order to maximise the effectiveness of the organisation. At the moment, we understand that apart from an initial visit, contact between staff and Trustees is restricted to the Practice Manager attending Trust meetings with the Office Manager taking the minutes. We suggest that all staff are individually introduced to Trustees, with Trustees being encouraged and invited to visit the service at their site. These types of interactions are also part of effective ongoing relationship-building, particularly in a small organisation and can form an important component of orientation for Trustees. Should the Trust decide to develop portfolios for individual Trustees this would provide additional opportunities for developing working relationships.

[\(12\) Make Sure the Board Is Getting the Right Information in the Right Format](#)

Timely, consistent and quality information concerning the service has been mentioned above as essential. Trustees said they cannot do their job without accurate and up to date information about LTTM.

[\(13\) Have a Policy on Conflict of Interest](#)

LTTM have a policy covering conflict of interest

[\(14\) Accountability Counts: Maintain Strong Relationships with Your Stakeholders](#)

This point is covered in the section that discusses evaluation. However, the work done by LTTM staff in connecting with the community keeps them close to the needs of the clients they serve and the evaluation found that the client base matched the profile of young people in Whanganui needing support. Exploring potential ongoing self-evaluation structures that involve the participation of stakeholders is also worthy of attention.

#### (15) Be As Prepared as Possible for a Crisis

While the crises that have arisen have been well managed due to the skills of both staff and Trustees, we would like to raise the issue of succession planning. Succession planning is important for organisations that are committed to surviving in the long term. The strengths and role of the current Chairperson who also acts as a de-facto CEO make it important that someone is able to take this leadership role in the Trust, should he for any reason be unavailable. While this matter has been raised with management as part of the evaluation it seems that concrete steps to address this issue have not so far been taken.

Separation of governance and management functions as suggested above will also reduce risks. LTTM has highly skilled and competent staff who also have strong leadership abilities. Some consideration could also be given to ways of drawing out these strengths for the benefit of the organisation.

#### (16) Know If You're On Track: Consider Measuring Your Board Performance

*One goal of good governance is to enable an organization to do its work and fulfil its mission. Good governance results in organizational effectiveness. Effective performance by the board helps ensure that objectives are realized, resources are well-managed, important relationships are nurtured, and the interests of stakeholders are reflected in decisions.*  
(Canadian Institute of Governance, <http://www.iog.ca/boardgovernance/index.html> )

It is important that a Trust has a clear purpose and robust governance practices. We noted few opportunities for reflection on the part of the Trustees of their own performance and processes. While a **Strategic Plan** (this includes and relates to the Mission Statement) can have a life of up to three years, there needs to be an **Operational Plan** that details activities and expected outcomes that are linked to the Strategic Plan, and are reviewed more regularly, for example, on a six-monthly or annual basis. The Strategic Plan is the responsibility of the Trust, with input from all service staff. The Operational Plan is the responsibility of the Service staff and the manager of LTTM and this needs the final approval of the Trust. The recommended and standard review process is based on an action reflection cycle of Plan, Do, Check and Review (National Resource Centre for Consumer Participation on Health, 2002).

Planning is evident but a more proactive rather than reactive approach is necessary. Planning processes should happen on a more regular basis and include the whole organisation as part of feedback. They also need to be recorded in detail. These matters will be discussed in the following section as part of the reporting on operational management but this applies as much to the Trust as it does to the LTTM service.

#### (17) Don't Try to Do Everything At Once

Regular planning and review processes ensure everything is not done at once. In a more mature organisation such as LTTM a clearly identified planning process should be firmly in

place. The key areas recommended as part of any future planning and evaluation process are team work; reviewing the current stance on youth work; work with schools; developing a practice of prevention; programme development and evaluation; and the recommended restructuring of governance structures.

### **Conclusion**

According to Plumptre and Laskin (1999) an organisation's approach "rests on a governance regime or framework comprising... those structures, policies and traditions - implicit and explicit - that determine how you:

- decide where you're going
- allocate power
- make sure things are secure (stewardship)
- monitor how well you are doing
- involve people in decisions
- report on results achieved".

It is clear to us that while some of these factors are evident as part of the practices of the Trust, others would benefit from a review. LTTM has become a mature organisation and now has strong management capacity on its staff. It is timely that LTTM management and governance systems be re-examined for their match to LTTM's existing service and structures and current stage of development.

We recommend that the Trust consider the establishment of a position of Service or Practice Manager, in a part-time capacity that could be combined with the existing supervisory role. Given the size of the organisation, a part-time manager should be able to cover all the required responsibilities. The Service or Practice Manager would report to the Board and be responsible for all staff employed, for managing the organisation on a day-to-day basis and for assisting the Board to set its strategic direction.

We suggest that the Board give consideration to identifying someone either within its own ranks or within the Whanganui community who could provide management supervision to this position.

We further recommend disestablishing the Management Committee and the development of portfolios within the Board to enable each Trustee to develop an area of special interest and expertise through which they can contribute more directly to the overall governance of the organisation.

### **Summary of recommendations**

- 1) *Disestablish the Management Committee (linked to point 6)*
- 2) *Review the function of the Trust and roles of Trustees*
- 3) *Develop special interest portfolios for Trustees*
- 4) *Review the orientation process for new Trustees in consultation with current Trustees*
- 5) *That the Trust develop a planning and evaluation framework to monitor any changes*
- 6) *Appoint a part-time service manager with appropriate, established supervision*
- 7) *Develop a succession plan for key roles in LTTM as part of a risk management plan*

## H. Operational management, funding and planning

### **Organisational roles**

Initial reporting to LTTM staff as part of the second evaluation workshop indicated that there was some confusion regarding the roles of the Office Manager and the Practice Manager. This was largely due to rapid changes of both staff and the focus of the service. This situation has been addressed to everyone's satisfaction.

### **Meetings**

Meetings we attended were comprehensive and while intentionally inclusive, differences in position and feelings of entitlement meant that not all staff fully participated. As discussed previously, the new team approach will hopefully address this issue.

Until recently, LTTM was not collecting minutes of weekly team meetings. These meetings cover significant issues of importance to LTTM at a service and community level and a record of activities, discussions and outcomes is essential for evaluation purposes.

### **Data management**

The current recording systems were limited by a lack of networking. However, all computers are now networked. We are aware of no specific evaluation of the system and it appears that the nature of the database is limited in its use for reporting and evaluation purposes.

### **Funding**

There is a strong level of commitment to the work of LTTM from a few key funders. Despite this support, it is acknowledged that funding is short term and insecure and a funding shortfall limits the further development of the organisation. LTTM are to be commended for their courage in making staff contracts permanent rather than being reviewed on an annual basis. The purchase of a van that is big enough to take whanau and groups of young people was a major achievement and appreciated by staff.

### **Evaluation capacity building and planning**

*[R]obust evidence [suggests] that effective interventions are usually highly focussed, intensive and underpinned by strong logic. (Axford, 2005, p288)*

Clarity of outcomes is critical to robust planning and evaluation processes and it is this area that needs most attention from LTTM management. Evaluation capacity for LTTM is very low and predominantly reactive. There is no evidence of formalised systems that are agency-wide despite Trustees seeing their relationship as a partnership with staff. The predominant means of knowing whether they are doing a good job is via anecdotal feedback, observations and client satisfaction surveys, which provide limited information. However, it is also appreciated that collecting evaluative information is energy intensive and it is important that this is not done at the expense of service delivery. Thinking and talking in terms of 'good enough' evaluation frameworks is sufficient for a small organisation and the ideas generated in the discussion as part of this report are only part a range of suggestions and not intended to be implemented in their entirety. Service user input is an important source of accountability and LTTM could begin to develop strategies for involving service-users in their ongoing service development and in building an innovative edge.



## DISCUSSION AND RECOMMENDATIONS

A large study of what works for services such as LTTM (Axford et al, 2006) identified a number of key factors in successful delivery:

1. *Clarity of desired outcomes*
2. *Clearly identified recipients of the service*
3. *Consistent delivery and support*
4. *Service accurately matched to need*
5. *Adequate recording of process and outcomes (p288)*

We have discussed Points 2, 3 and 4 in the sections covering service delivery and social work practice and these aspects are also evident in LTTM management practices. Evaluation findings indicate that Points 1 and 5 would benefit from a greater focus from LTTM.

### **Roles**

The clarification of management roles within LTTM, suggested as part of interim evaluation reporting, needs to be maintained, especially the separation of social work and administrative functions. Further clarification of roles is also recommended at the Trustee level, as we have discussed above.

### **Meetings and recording information**

As a result of reporting from the evaluation, LTTM staff are beginning to improve recording of all activities and meetings but there is still room for increasing effectiveness in this area, especially regarding the level of detail captured. We received minutes from Management Committee meetings, the AGM and a hand-written record of the social workers' planning and review session held in January 2008. Recording all meetings in meaningful and useful detail is an important part of building adequate documentation of what the LTTM service does.

The format of the weekly team-meeting could also be reviewed and be more formalised, bearing in mind that this is a management meeting and an opportunity for whole team input. The meeting attended by the evaluators included topics such as training and practice issues, a police report, administrative items and social event reminders. In this context, documentation and recording are essential components for building evaluation capacity, and for underpinning management and clinical decision making. Such documentation would also contain valuable data allowing reflection on past decisions regarding service delivery and practices. This would enable staff to develop a sense of LTTM's own unique programme development.

The active involvement of all staff in the team-meeting process is encouraged. Participation involves both management and workers believing they have an active role to play in the ongoing development of the service. Although we did not attend any further meetings we suspect that this situation has improved as a result of changes discussed in previous sections.

Another aspect to be highlighted is the growing of management roles at the service end of LTTM. The participation of all practice staff in the management decisions concerning LTTM is encouraged, including systems for getting full staff representation in the organisational planning processes, including those at the management level.

### **Data management**



LTTM data management and use of IT requires attention. The database's utilisation for client records, evaluation and reporting purposes would benefit from a review. Maximum use should be made of this tool, developing and using it for continuity of information concerning service delivery, case work, statistical recording and analysis, information searches, organisational development, professional development, funding, and especially for evaluation. The evaluators are aware of a number of services elsewhere that are currently adapting and developing databases bought for the purpose of recording client details which have struggled to fit the need (and can provide introductions to these services for LTTM if required). The recording of qualitative data is a particular problem being addressed by these projects. The database should be able to be effectively mined for data that will support funding applications and service evaluation work. Staff need to establish what data would be most useful for the current service.

### ***Funding***

If LTTM is to consolidate and be able to respond to the additional needs identified throughout the evaluation, stable funding is an essential element. Management's recent decision to appoint all staff on a permanent basis is an act of faith that needs back-up from those funding agencies that depend on LTTM support and services. While the move to secure permanent employment contracts for staff is commendable, the insecurity of funding affects the ability of LTTM to meet this obligation. The current level of funding also limits LTTM's ability to match public service levels of pay for social workers in particular. In addition, funding does not necessarily allow for evaluation, when it is generally acknowledged in the wider arena that this is a necessary activity. Despite this evaluation's considerable amount of qualitative evidence of service efficacy, funders also need to be aware that outcomes in the social services are not easy to establish in absolute terms and, as this report has indicated, change in social services is an intricate and complex process.

### ***Evaluation capacity building***

LTTM is at a stage where it is able to build internal evaluation capacity and routinely gather service development information to strategically develop services and support funding applications. Internal evaluation capacity building is necessary as outside evaluations are an occasional event and are costly. Talking to other agencies and funders about ways of doing this as well as considering evaluation training is recommended. There are a number of steps that can be taken, including building a repertoire of evaluation tools such as focus groups, telephone follow-up of clients, improved recording of social work practices and outcomes including longer-term outcomes, photo/video voice recordings by young people of things they have done and the changes that they observe, computer database development and sharing evaluation methods with other providers.

As part of the evaluation interviews with social workers we regularly heard about exciting interventions and positive outcomes but were aware that many of these examples went unrecorded as they were seen by social workers as obvious or just part of the work. Recording this information more effectively and developing an evaluation action plan that includes realistic and manageable methods and ways of consulting with service users, both past and present, is recommended as a first step.

The evaluators were impressed with the impacts (modelling and messages) of programmes such as the Awa Trip and Boys to Men and there was evidence of regular verbal reflective review as an essential part of course development. Apart from the satisfaction surveys, we would be more confident in the evaluation capacity of the programmes if a written record of processes and outcomes were available. A similar project to the Boys to Men course is being

run as part of a Youth Health service in Lower Hutt called Vibe. This project has implemented a range of evaluation activities that would be of interest to LTTM. The social worker involved has been given the contact details for this project so resources can be shared. Sharing of information such as this is an important part of networking and development.

Formalising processes for obtaining service-user input into the development of LTTM would ensure there is a valid source of information flowing up from the end-user. Two young people were invited to interview the two social workers, the youth worker and the Office Manager for this evaluation. While outcomes from this method were mixed, it represented an exercise involving young people in evaluative activities. We recommend that thought being given to identifying processes and different ways young people and whanau can be encouraged to participate in LTTM's development of services.

The exit assessment seems to be mainly a customer satisfaction survey filled in by the parent of the client rather than a tool for capturing progress made, future directions and risk assessment. Using the entry assessment or tools such as HHEADSS or the Wellbeing Assessment to provide the base-line data with the exit assessment as a follow up has potential to contribute to internal evaluation as well as giving feedback on individual programmes over time. This could provide quantifiable data that could be evaluated for change following an intervention (Feather, 2004). We are confident that LTTM staff, guided by the Practice Manager, review cases post exit, however, more structured and written processes need to be utilised as part of building evaluation capacity and this is one more possible component.

Unrau in his book *Evaluation in social work, the art and science of practice* (2007) describes and recommends a "monitoring approach to quality improvement". This method,

*... is based on reliable and valid evaluation methods that can be integrated into a social service program as part of its normal operating routine. This approach measures the extent that a social service operation is reaching its intended population and the extent to which its services match those that were intended to be delivered. In addition, this approach is designed to provide immediate and continuous feedback on client service and progress to practitioners... (p 36).*

In this method, interventions tailored to the needs of the client/s are recorded in detail, noting who delivered the intervention, when and why. Once completed, each intervention is evaluated as part of a workable staff reflective process for its impacts and all outcomes attributable to the intervention are recorded. Having an 'ideas book', mentioned by staff, is commendable and could also be used in a similar way with an evaluation component added in. In this way, a history of interventions and outcomes is built and this material can be used for evaluative purposes<sup>18</sup>. The 'most significant change' method used as part of the evaluation provides another way of collecting this sort of information.

It is important to note that the success of these evaluation methods depends on continuous use so information is built systematically. Unrau notes that "*developing appropriate and measurable indicators during the planning phase is the key to a sound evaluation*" (p49). As practitioners are well aware, outcomes more than outputs tell us about the effectiveness of interventions and while recording this material can be a challenging and time consuming task, raising awareness of the value of recording activities and outcomes is one relatively straightforward activity that supports the development of internal evaluation capacity.

---

<sup>18</sup> A range of additional resources can be found at <http://www.caah.chw.edu.au/resources/>

However, Axford, Vashti and Little (2006) sound a warning in their review of evaluations of children's services, that there is a "tendency to collect too much information<sup>19</sup> and do too little with it" (p287), so a strategic and planned approach to evaluation capacity building is recommended in the form of an evaluation plan. This is also an "iterative process (rather than one-off), as evidence is progressively accumulated and various programme or policy approaches are tried in a range of settings"(Duignan, 2004, p4).

Having clear planning processes with regular cycles of planning and review across the service, including systematically covering all critical aspects of the LTTM programme over a period of time, and involving all staff, is important. While a 3-yearly review of the Strategic Plan, including the Mission Statement is valuable, a regular (perhaps 6-monthly) review of an Operational Plan using reflective practices is an essential part of building evaluation capacity.

### **Summary of recommendations**

- 1) *Develop robust planning processes and establish a planning and evaluation cycle that matches the needs and capacities of staff*
- 2) *Decide which areas need evaluating and develop a simple evaluation plan for each different area that includes objectives, methods and outcomes*
- 3) *Consider recording and evaluating all interventions and noting any practice-based material drawn from the literature that might be used to develop interventions*
- 4) *Review database management processes and tools for use in the evaluation of LTTM services*

---

<sup>19</sup> See The Write Enough website <http://www.writeenough.org.uk/>

## Conclusion

Evidence presented in the results section suggests that LTTM has been successful in delivering the service as planned. The different effects of interventions in both high- and medium-risk situations were evident in the qualitative data and there is an acceptable level of consistency in the results of the evaluation.

LTTM has undergone many changes since its inception, both structurally and ideologically. It has emerged from each cycle of change as a stronger and more cohesive organisation. This positive outcome rests with competent leadership, honed survival strategies, a skilled staff and strong community support enabling the organisation to recover and move forward. Importantly, what has remained intact through all these changes is the organisation's commitment to its central purpose and objectives; to enable better life outcomes for children and whanau.

The organisation has now reached a stage where it can both consolidate and perhaps take a few risks. As a NGO they have the freedom to work radically and develop innovative models and this position needs to be exploited. However, everyone needs to feel involved in the further development of the service. One risk already taken was to put all staff on permanent contracts even though their funding remains inadequate and insecure. Despite a stabilising organisational pragmatism, this stage could provide an opportunity to review organisational practices, consider new directions and develop further the unique identity they have built.

The effectiveness of services can be limited by vagueness about "desired outcomes" and a lack of measurement of those outcomes in a way that can be easily scrutinised. Some of the ways the service can demonstrate its effectiveness, and which have already been suggested as part of the evaluation, include restructuring the governance framework, developing a social work/youth work model, developing participatory evaluation frameworks that include clients – where appropriate, and working in greater collegial depth with other agencies.

A strong internal management, planning and evaluation framework would give structure to any future developments, ensuring all are subject to the vision and scrutiny of staff, management and Trustees.

It is important that LTTM maintains a reflective and challenging approach to their own practice and responds in a transparent way to criticism rather than, as some organisations have done, falling into the trap of a complacent, established organisation and assuming they have the formula right and do not need to be accountable. Monitoring how LTTM is perceived in the community and continuing to listen, no matter how knowledgeable and influential an agency they become, will keep LTTM well-grounded.

The aims of the evaluation were comprehensive and thorough.

*1. To provide qualitative evidence as to the effectiveness of LTTM interventions in enabling positive changes in the lives of young people and their family/whanau and having an influence on offending level*

There was clear evidence of LTTM being a reflective and adaptive organisation that is making a difference for young people and whanau in Whanganui. Many ideas for improving the

service were generated in the evaluation as part of a dialogue between staff and evaluators. Anecdotal evidence suggests that in many cases offending has been reduced.

*2. To identify LTTM programme elements and contexts which contribute to success and any areas for improvement*

Strategies for managing life events beyond young people's control, and the anger that often emerges as a result, is a strong feature of the practice approach used with young people by LTTM staff. So too, is the modelling by respected adults of appropriate behaviours for both men and women, and of appropriate behaviours between genders. These and other elements of the service delivery and social work practices that are uniquely LTTM are part of a successful package affirmed by the evaluation.

*3. To examine LTTM organisational structures and processes and establish the degree to which LTTM meets their strategic directions and their stated aims and objectives*

Despite a number of substantial changes being recommended, the evaluation identifies fundamentally strong management practices and structures. The organisation has survived significant challenges and is in good health. This is largely due to the capability of management, Trustees and staff of LTTM and serves as a reminder to continue to put these people first, as an organisation's vigour is dependent on healthy, supported and enthusiastic staff. LTTM is meeting their current directions, aims and objectives.

*4. To generate learning to inform the development of Life to the Max*

The evaluation was qualitative and formative and attempted to establish LTTM programme outcomes. The intent was to provide as much feedback as possible and remain open to the needs of the organisation during the evaluation while completing evaluation tasks. By using this framework the report should hold no surprises, affirm positive practices and make useful suggestions for change.

*5. To generate learning to inform funders' support of LTTM and similar projects*

We hope we have drawn a detailed picture of LTTM services, structures and practices, showing LTTM to be a professional, reflective and responsive organisation that will encourage funders to continue their support and use the learning established as part of the evaluation to advise the development of other, similar services. The evaluation findings present an opportunity to communicate with the community as an exercise in transparency. Stakeholders are well aware that this takes courage, and involving the Trustees fully in this exercise would both support staff and provide advocacy in relation to the community.

We invite staff and all associated with LTTM to take what they find useful from the report and to continue developing the service. There is always more work to do.

## References

Anning, Angela et al (2006) *Developing multiprofessional teamwork for integrated children's services* Open University Press, England

Axford, Nick, Little Michael, Morpeth Louise and Weyts Arabella (2005) Evaluating children's services: recent conceptual and methodological developments *British Journal of Social Work Vol 35 p73 – 78*

Axford Nick, Vashti Berry and Little M (2006) Enhancing service evaluability: lessons from a programme for disaffected youth *Children & Society Vol 20, p287-298*

Becroft, A (2005) *Maori youth offending* Ngakia kia Puawai Conference Maori youth offending 8-10 November, Nelson

Buckley, H (2008) *Engagement, analysis and reflectiveness: Developing a Framework for the Assessment of Vulnerable Children and Their Families*  
Australasian Institute of Family Studies, Melbourne  
<http://www.aifs.gov.au/institute/seminars/2008/buckley.mp3>

Canadian Institute of Governance, <http://www.iog.ca/boardgovernance/index.html>

Connolly, Marie (2005) The New Zealand practice framework: using knowledge to inform practice *Social Work Now*

Davies, R (2005) *The 'Most Significant Change' (MSC) technique: a guide to its use* CARE International, Oxfam, Christian Aid, Exchange, Ibis and Lutheran World Relief

Denny, Simon (2004) *Healthy youth development: a review of effective programmes and approaches* Waitakere Education Sector Trust

Duignan P (2004) *Achieving outcomes through evidence based(informed) practice: Iterative intervention logic (programme model) development (the 13cycle)*  
<http://www.parkerduignan.com/se/documents/123pdf.html>

Feather, Jackie (2004) Becoming a local scientist-practitioner *Social Work Now* December

Fletcher, Richard (2008) *Father-inclusive practice and associated professional competencies* ARFC Briefing Australian Family Relationships Clearing House, Australian Family Institute of Family Studies website <http://www.aifs.gov.au/>

La Piana Associates (2003). Tool for assessing startup organizations. Washington: Grantmakers for Effective Organizations. p.17.

Lewis Janet (2001) Reflections on evaluation in practice *Evaluation Vol 7 p387 -394*

Lewis Janet and Utting David (2001) Made to Measure: evaluating community initiatives for children *Children & Society Vol 15, 4, p1-4*

Little M (1999) Prevention and early intervention with children in need *Children & Society* Vol 13, p304-316

Little M, Axford N and Morpeth L (2003) Children's services in the UK 1997-2003 *Children & Society* Vol 17, p205-214

McLaren, Kay (2000) Tough is not enough: getting smart about youth crime Ministry of Youth Affairs

Markham CM, Tortolero SR, Escobar-Chaves SL, Parcel GS, Harrist R and Addy RC (2003) Family connectedness and sexual risk-taking among urban youth attending alternative high schools *Perspectives on Sexual Reproductive Health*. July-August, 35(4), p174-9.

Maxwell Gabrielle (2004) Achieving effective outcomes in youth justice *Social Work Now*

National Resource Centre for Consumer Participation on Health (2002) *PrimaryCare Self Assessment Tool* La Trobe University, Victoria, Australia

New South Wales Centre for the Advancement of Adolescent Health (2006) *ACCESS study: youth health - better practice framework fact sheets and Spinning the web: better connections between services working with young people NSWCAAH, Australia*  
A range of additional resources found at <http://www.caah.chw.edu.au/resources/>

Plumptre, T. & Graham, J. (1999). Governance and Good Governance: International and Aboriginal Perspectives. Ottawa, Canada: Institute on Governance.. (Downloaded from [http://www.iog.ca/view\\_publication.asp?area=5&publicationItemID=171](http://www.iog.ca/view_publication.asp?area=5&publicationItemID=171) on 16/4/08).

Plumptre, Tim and Laskin, Barbara (2003) *From Jeans to Jackets: Navigating the transition to more systematic governance in the voluntary sector Canadian Institute of Governance*(Downloaded from <http://www.iog.ca/publications/JtoJ.pdf> on 16/4/08)

Presskill H, Russ-eft D (2005) *Building evaluation capacity* Sage Publications, London

Saidel, J.R. & D'Aquanni, A.M. (1999). Expanding the governance construct: Functions and contributions of nonprofit advisory groups.

Saleebey, D. (ed). (2002). The strengths perspective in social work practice . (3<sup>rd</sup> ed). Boston, MA, Allyn and Bacon.

Shaw Ian, Jennifer Greene and Mark Melvin eds (2006) Social work and the human services in *Handbook of evaluation policies, programs and practices*

Sigsgaard, P (2002) Monitoring without indicators *Evaluation Journal of Australasia* Vol 2, No 1, p8-26

Sylva Kathy and Evans Emma (1999) Preventing failure at school *Children & Society* Vol. 13, p278 -286

The Australian Youth Foundation and Sharp C (1996) *Do-it-yourself evaluation kit: an integrated approach to project management and evaluation* The Australian Youth Foundation, Sydney, Australia

The Office of the Commissioner Evaluation Unit (2004) *Life to the Max youth development programme outcome evaluation report* The Evaluation Unit, Office of the Commissioner, NZ Police

Unrau, Y.A et al (2007) *Evaluation in social work, the art and science of practice* Oxford University Press

Warin Jo (2006) Joined-up services or young children and their families *Children & Society*

Cram, F. & Wehipeihana, N. (2005) *Capacity assessment workbook for Māori and Iwi providers of CYF social services*. Department of Child, Youth and Family, Aotearoa New Zealand.

Yuschik, Richard (2004) Balancing roles and needs *Social Work Now*, April



## Appendices

### APPENDICES 1

- 11) Youth Development Strategy
- 12) Information form
- 13) Consent forms
- 14) Process for difficult information
- 15) Programme Logic
- 16) Monitoring survey
- 17) Case notes: process and questions
- 18) Simple Action Plan template
- 19) Simple Evaluation Plan template

### APPENDICES 2

- 3) Copies of selected articles referenced in report (In separate folder)
- 4) CD with young person interview (to be confirmed)

## **1. YOUTH DEVELOPMENT STRATEGY**

The Youth Development Strategy is based on six principles (Ministry of Youth Development) and provides a useful framework for considering any changes.

1. Youth development is shaped by the 'big picture'
2. Youth development is about young people being connected
3. Youth development is based on a consistent-strength based approach
4. Youth development happens through quality relationships
5. Youth development is triggered when young people fully participate
- 6 Youth development needs good information

## 2. INFORMATION FORM

### Life to the Max Evaluation

#### ***INFORMATION SHEET***

Life to the Max is a programme for young people in Whanganui aged 5-13 years. The programme aims to support young people and their families/whanau to make positive changes in their lives and links them to community support. The aims of Life to the Max are to,

1. *Improve life outcomes for young people and their families/whanau*
2. *Reduce offending and high risk factors through assessment and implementation of individual plans for each family member*

The staff of Life to the Max have asked us to *evaluate* the service. This will involve examining their service to see what works for young people and their whanau/families and what parts of this work could be improved.

As a Life to the Max service user you are invited to participate in this evaluation. Twenty other young people and their whanau/families, who have used Life to the Max will also be invited to talk to the researchers about Life to the Max services and staff.

Everything you and other young people and their whanau/families say will used only by the researchers to help decide what works and what parts of the Life to the Max programme could be improved. Anything you say will not be shared with Life to the Max staff and will not affect anything you are doing with Life to the Max staff. All information will be kept in a secure place where no one but the researchers can access it.

If you agree to participate the interview will take approximately 1 hour. Your interview will be audiotaped with your permission. You do not have to say yes to be part of this evaluation.

#### ***If you choose to be part of the evaluation of Life to the Max you ...***

- Can choose to have someone with you
- Can refuse to answer any particular question;
- Can ask for the audio/video tape to be turned off at any time during the interview.
- Can withdraw from the evaluation at any time before March 2008
- Can ask any questions about the evaluation at any time;
- Your name will not be used unless you give permission to the researcher;
- Can get a summary of the evaluation findings when the evaluation is finished.

If you want to know any more about the evaluation please contact the researchers.

Dr Sharon Milne, Project Manager and Senior Researcher <a href="mailto:sharonmilne@gmail.com">sharonmilne@gmail.com</a>	Dr Jackie Sanders Ph. (06) 3569099 extension 7596 Fax (06) 3505681	Ms Justina Webster Ph. +64 6 356 9099 extension 7903
--	--	---

Mobile: +64 9 21 410 260	<a href="mailto:j.sanders@massey.ac.nz">j.sanders@massey.ac.nz</a>	<a href="mailto:J.M.Webster@massey.ac.nz">J.M.Webster@massey.ac.nz</a>
-----------------------------	--	--

This evaluation has been reviewed and approved by the Presbyterian Support Service Ethics Committee. If you have any concerns about the conduct of this research, please contact

Sue Milligan

Phone: (03) 363 8203

Email: [suem@psusi.org.nz](mailto:suem@psusi.org.nz)

## 3. CONSENT FORM (Young people)

## CHILDREN'S CONSENT FORM

### Interviews

I have talked to the interviewer about what I am being asked to do.

#### ***I know***



I do not have to talk to the interviewer if I do not want to.



I do not have to answer any questions I don't want to.



I can turn the tape recorder off if I want to.



I can have an adult or friend with me if I want to



The interviewer won't tell anyone else what I've said unless someone might be harmed.



What we talk about will be private



I am happy for the things I tell ..... to be discussed by the research team and written in any reports on this study provided no-one can tell who I am.

#### **I have decided**



I want to talk to .....

YES

NO



I agree to the interview being taped

YES

NO

**Signature:**

.....

**Date:**

.....

**Full Name -  
printed**

.....

This project has been reviewed and approved by the Presbyterian Support Service Ethics Committee. If you have any concerns about the conduct of this research, please contact .....



*Life to the Max Evaluation*

**PARTICIPANT CONSENT FORM (Adult)**

**This consent form will be held for a period of one year**

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being audio taped.

I wish/do not wish to have my tapes returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

**Signature:** ..... **Date:** .....

**Full Name - printed** .....

This project has been reviewed and approved by the Presbyterian Support Service Ethics Committee.

#### 4. PROCESS FOR DIFFICULT INFORMATION

##### Life to the max Evaluation

##### *Processes for dealing with difficult information that may emerge from the LTTM Evaluation*

6 August 2007

##### *Introduction*

The evaluation has been designed as a transparent, collaborative exercise which has the objective of providing feedback to LTTM concerning the services it delivers and possible future directions.

It is possible that in the course of the evaluation difficult, challenging or negative information may be collected concerning the organisation, staff, practices or processes used. It is also possible that the evaluators may become aware of situations of potential harm.

##### *Objectives*

This guideline has been negotiated between LTTM and the evaluation team to guide decision making in any situations where difficult, challenging or negative information is collected by the evaluators or they become aware of situations of potential harm.

##### *Response*

##### 1. Potentially dangerous or poor practice

If a negative finding directly concerns potentially poor or dangerous practice of individual staff the evaluation team will speak directly to the supervisor of the staff member concerned. The supervisor will take any action required and inform the evaluation team about this action and any outcome that may influence the evaluation findings and the final report. These situations may require that the evaluation team ceases data collection that involves this member of staff.

##### 2. Processes or practices that imply the potential for negative outcomes, or which may have damaging potential for the organisation.

a) If a negative finding concerns processes or practices that imply the potential for negative outcomes, or which may have damaging potential for the organisation the evaluation team will, in the first instance inform the

Practice Manager, Annie Firaza. This person will take any action required to correct practice or processes to ensure the ongoing integrity of LTTM practice, and inform the evaluation team of this so that it can be reported if appropriate in the evaluation report.

b) The evaluation team will prepare a draft report of its findings for LTTM staff to comment upon. LTTM feedback will be either

- i) incorporated where appropriate and relevant into the final report
- ii) any feedback not incorporated in the final report that LTTM staff consider needs to be included in the report will be attached as an appendix to the report and LTTM may elect to add a covering statement to this.
- iii) LTTM will decide once it has received the final report what information from the evaluation will be shared more widely and will also decide in what format and to what audiences this information will be made available. The evaluators will

assist LTTM in this process if they require it. LTTM is aware that the Whanganui Community Foundation has requested that general learnings from the evaluation be shared more widely if at all possible.

### 3. Procedures for dealing with potential or actual situations of harm

The evaluators are involved with LTTM as researchers and are not involved in the delivery of any direct or indirect support work with LTTM clients. The evaluators recognise that they have a duty of care in all situations where they have interactions with people as part of this evaluation. In situations of immediate threat they will withdraw from the situation and inform the appropriate authorities immediately and then inform LTTM. They will cease involvement with these individuals and further involvement will be negotiated through LTTM.

If during the course of the evaluation activities they become aware of potential threat to the people associated with LTTM services they will inform Annie Firaza of this immediately. They will inform the people concerned that they are taking this action. The evaluators will cease their involvement with these individuals at this point and any further involvement in the evaluation will be negotiated through LTTM.



## a. PROGRAMME LOGIC (Notes recorded in first work shop held with LTTM staff)

Context	Target Population (Programme Reach)	Goal or Vision for the Programme
<p><b>1. What are the defining characteristics of the world your clients inhabit?</b>  Systemic problems  Highly dysfunctional  Extreme  Poverty  High risk behaviours including, drugs, alcohol, family violence, gangs, multiple adults in the household, lack of boundaries around children, culturally dislocated, lack of identity, feeling worthless, history of abuse, one parent/blended families, known to multiple agencies, generational loss of hope, no sense of purpose and capacity to believe that things could change, needing to associate – gangs (fighting over location, patch offers substitute for loss of culture) have a very powerful pull</p> <p><u>Strengths of families that use the service</u>  Capacity to change  Wanting to change provides a place to start.  Able to ask for help  Know their situation/knowledgeable about how to make things work  Have talents that can be identified thereby channeling their energies  Often strongly connected to each other as families, loyalty, close, supportive and involved and can bring surprises – people you didn't expect to, will step up –capacity to change, surprise  Can have unrealistic ideas about what can change, what change will mean for them  Need to be able to walk with them  Ripple effect of changes</p>	<p><b>4. Who does Life to the Max intend to reach?</b>  Client group – children/young people 5-13 years.  Still have a focus on offending but expanded to include young people who are regarded by other services, schools etc as a high risk. (Q: where do their referrals come from?)</p> <p><b>5. Who are the actual recipients of Life to the Max</b>  The evaluation indicates that the characteristics of the client base replicates the features of the targeted population</p> <p><b>6. Who is supposed to benefit from Life to the Max?</b>  Young people and their whanau/families as well as the Whanganui community</p> <p><b>7. Who else could potentially be affected by the Life to the Max?</b>  Schools/teachers  Neighbours  Peers  CYFS  Police – through sharing of information -  Sharing of information is very important. Eg.  Parents can present very convincingly –  One professional parent with a</p>	<p><b>8. What is the long term goal or vision of Life to the Max?</b>  To enable better life outcomes for children and whanau/families</p> <p>LTTM is based on the four cornerstones (McLaren, 2000)</p> <ul style="list-style-type: none"> <li>• Education</li> <li>• Health</li> <li>• Community/recreation</li> <li>• Family</li> </ul>

<p>Work on little successes, small steps Celebrating even small changes is important Recognising change even when it doesn't mean that their situation is significantly changed</p> <p><b>2. Why did Life to the Max come into existence in the first place?</b></p> <p>Started as programme based on reducing re-offending and managed by a Police Coordinator. Since 2005 expanded staff numbers and Police presence reduced to a 2 day a week police Liaison position</p> <p><b>3. What is the underlying need that the Life to the Max is trying to address?</b></p> <p>Reducing risk for offending ensuring accountability for offending and behaviour (even when this does not constitute offending). Empowering young people and families to be confident enough to make changes</p>	<p>delayed reader child. RTLB thought that it was neurological until attended case meeting and discovered that there was abuse and other issues in the family.</p> <p>Only discover the full story from considering all agencies' information, piecing together the case history. Connections.</p> <p><b>Hard to reach groups – who?</b> Those who don't buy into it – particularly an issue where gangs are concerned – often these are given to CYFS because they have powers to be involved.</p> <p><b>Boundaries of LTTM practice –</b> mental health issues create problems – behavioural issues that have underlying mental health issues as cause LTTM does not generally work with. Eg where mental health issues are the primary or underlying reason causing the problems for referral. Similarly primarily care and protection issues go to CYFS – so in a sense they do not traverse those areas that statutory agencies work to. However they assess all referrals and will refer on those they do not pick up.</p> <p>Issues for some of the yp they work with in labelling in schools, once they are known to be with LTTM they can get blamed for everything that goes wrong, and also schools can dump on them – wanting them to work with all youth that cause problems in the school. Sometimes they do not tell the school that they are involved with a young person to protect them from this sort of labelling.</p>	
<b>Activities</b>		
7. What are the planned activities that make up Life to the Max? (Strategic Plan)		

**Focus** – intensive, holistic, not specialised,

Don't do drug rehab, mental health, work alongside families for a significant period (12-18 months) – so they have some consistent support, picking up on issues, getting to know the story well.

**Boundaries of LTTM practice** – mental health issues create problems – behavioural issues that have underlying mental health issues as cause LTTM does not generally work with. Eg where mental health issues are the primary or underlying reason causing the problems for referral. Similarly primarily care and protection issues go to CYFS – so in a sense they do not traverse those areas that statutory agencies work to. However they assess all referrals and will refer on those they do not pick up.

Issues for some of the yp they work with in labelling in schools, once they are known to be with LTTM they can get blamed for everything that goes wrong, and also schools can dump on them – wanting them to work with all youth that cause problems in the school. Sometimes they do not tell the school that they are involved with a young person to protect them from this sort of labelling.

#### Characteristics of work

7. Intensiveness and extensiveness – across system and pull other services in for specific pieces of work
8. 12-18 months work with each young person/family.
9. Seem to have a key worker role – both co-ordinating work of other agencies and doing key work selves.
10. Get to a stage and then pass on to other agencies for more specific pieces of work, eg drug/alcohol, mental health, parenting.
11. Work to a point so that they know they can do things on their own and know where to go for help.
12. Cases can be reopened after they have been closed.

Programme – 12-18 months – assessment, goals, plans, intervention and support. Individually designed programme around each yp/family

Intervention comprises individual work and also some core programmes they have developed themselves to meet their client base's needs

5. Cared straight
6. Remove and renew
7. Boys to men/girls to women (Ataahua Kotiro – beautiful girl)
8. Awa – yearly trip for those doing well up the whanganui river.
9. Some programmes specifically for girls
10. Also ran for a time Dare to be you – a brought in programme from Police that didn't work.

#### Components of individual work

Counselling  
Recreation  
Health  
Education  
Family needs

Can be delivered as

**One-on-one** – relationship building usually during school time, but not always. Working on specified goals, other skill building, eg renew and remove, time out also

**Down time** – after school, mentoring – using older boys, develop leadership, occupied after school, new experiences, building on interests.

**School visits** – to say hi.

**Holiday programme** – trips for groups of y/p.

Graham (police guy) also visits them – but that is typically when they have done something wrong, talked about wanting to change that so he is there for good positive times as well.

Also have multi-disciplinary team case conferences – monthly. Co-ordinating, managing professionals involved in families' lives, case by case basis focus, reducing number of professionals involved in their lives. Minutes are kept and sent to family – open and transparent process. LTTM origins were in co-ordinating the involvement of other agencies, and so this part of their process seems to be something that has been retained and adapted from that set up phase. Sometimes parents come to this meeting. (they sign a disclosure request when they come to the service agreeing that their information can be shared)

There are other co-ordinating meetings

Strengthening families

Pastoral care at one local intermediate

Family violence network

Msd/winz/probation links

#### Process

4. assess – Annie and a social worker
  5. recommend accept or not
  6. goes to staff meeting and staff, including police decide on acceptance
  7. goes to Tuesday management meeting which is composed of all staff and reps from the governance board
- all decisions are minuted.

#### Short term Outcomes

9. What short-term (immediate) changes in participants' and stakeholders knowledge, behavior, skills, status, relationships, activities and actions do you expect from Life to the Max activities?

#### 6. Outcomes

Reductions in offending – whole family not just the target young person (key in terms of source of funding, but staff seemed to feel that achieving this could best be achieved by focusing on other, smaller steps and goals, that offending takes place in a context and if that context is addressed, then the offending will reduce in time as a by-product)

(eg given of a youth who was offending violently against his family weekly prior to LTTM and who after the programme, reduced this to occasional incidents. Another concerning an ex-gang member who sought help over one child, while the target child didn't stop offending, the siblings didn't follow in his footsteps.)

#### Other indicators of success

Staying in school, not coming to attention at school

Positive relationships with peers



<p>Positive and healthy relationships in families – not role confusion  Improved cultural identity  Open to new experiences  Passion for life  Reason for living  Purpose  Optimistic  Able to make good decisions and choices –t he right ones  Key decisions suggested – getting a driver’s licence, becoming independent, getting a home, or a job,  putting in boundaries around children, leaving a violent partner.</p>
<p><b>Medium term Outcomes</b></p> <p>If the short term outcomes are achieved, then what further (medium-term) changes in participants’ and stakeholders knowledge, behavior, skills, status, relationships, activities and actions do you expect to see?</p>
<p><b>To be developed by LTTM</b></p>

<p><b>Long term Outcomes</b></p> <p>If the medium term outcomes are achieved, what long-term changes in participants’ and stakeholders knowledge, behavior, skills, status, relationships, activities and actions would you then expect?</p>
<p><b>To be developed by LTTM</b></p>

## **6. Most Significant Change Stories**

### **July 2007**

#### **Significant Change Story 1:**

A significant change for this mum is that she has been in a difficult situation with her relationship with her husband and her teenage son who has now returned to her care. The relationship has been unhealthy and volatile between the adults however with the return of her teenage son; this has added further unpleasantness that has impacted on them. Mum had a hard decision to make between her husband and her teenage son because of the impact of her husband's negative attitude and behaviour placing her son and also herself at risk. Mum made the decision to leave the husband and made pro-active and appropriate decisions that supported her son and allowed them to further enhance their relationship. The significant for LTTM in this change for mum and son was that despite the son recently returning to her care and that relationship still being developed and strengthened, she put the needs of her child before the needs of herself and no longer wanted him to be part of the dysfunctional relationship.

#### **Significant Change Story 2:**

A child who was prone to violent outburst at school that result in an explosion in his behaviour and then him running, after working with his anger and strategies with LTTM, has demonstrated some change in his ability to manager his anger and identity triggers prior to an incident occurring. Recently the child was put in a stressful situation where normally he would run from the school and caused quite a screen prior to this. However he removed himself from the situation and placed himself in a safe space prior to going back and addressing the issue with the support of a staff member.

#### **Significant Change Story 3:**

A child was able to speak to the social worker about her fears that she had when her mother's partner would consume alcohol in their home and he would then become verbally abusive. The social worker spoke with the child about sharing this information with her mother which the girl agreed to. The social worker spoke to her mother about the concerns and the child's fear. The mother while minimizing the safety issues, however accepted her child's concerns and spoke to her partner and is trying to keep alcohol away from the home. The child has also noticed this change and has commented to the social worker. This has been a significant change for the child and that it has been a positive change for her.

### **August 2007**

#### **Significant Change Story 1:**

A mother who has alcohol use as a significant part of her life, but denies she has any issues with her alcohol consumption can be hostile and presents as defiant and challenging of involvement from other agencies. When this mother presented at LTTM, she was angry however since working with the social worker, her attitude has changed to more positive. A significant change recently was that she was caught by the police, driving under the influence of alcohol however she was honest about this incident and spoke freely to the social worker about it. Whereas in the past, the mother would of not shared this information. This mother is starting to share aspects of her life that before would have been closed.

#### **Significant Change Story 2:**

A boy whose negative behaviour was always coming to the attention of the school and also the family was referred to LTTM, this boy has witnessed significant family violence and was displaying this learnt behaviour at school and home. The boy had started to participate in one on one and group work with the social workers. The boy's mother recently asked why his behaviour was so good, he said because of LTTM. When asked further he talked about the "Boy to Men" program and that he could either take the easy path or the hard path. The boy was able to say what the program had taught him and explain the significant of the lessons he was learning. This was a particular significant story as this boy has significant learning's needs at school and has trouble retaining information so for him to retain this information and put into practice what he has learnt has been a big step forward for him. In respect of his mother, she has recently contacted the police to enforce her Protection Order against her husband, which has been a major achievement for her, as she has for a long time remained in the victim mode.

### **Significant Change Story 3:**

A boy was witnessing his mother physically assaulting his sisters after the mother and two daughters started arguing which resulted in physical altercations between them. The boy who was scared and shaken for what he had witnessed, phoned the police to seek assistance. The police attended the house to diffuse the situation. This was significant as previous this behaviour would have been unreported however LTTM has been working hard with the boy to address his own anger issues. The boy has in the past been made accountable for his own violence and is now learning that no violence is acceptable. Since this has been reported, it has also allowed the social worker to address further issues in the home, that has previous been keep quiet.

### **September 2007**

#### **Significant Change Story 1:**

Due to staff leaving LTTM, this has enabled the current employees of LTTM the opportunity to reflect and consider how practice and plans have been implemented and to re-consider how as an organisational they would like to work. LTTM staff have met as a team to consider working together as a collective and using each staff member strengths for each family. New ideas for experiences have also been discussed and will be implemented to see how well they are received by our families and if they have the positive impact hoped. The new approach is about the team having responsibility for a family, rather than an individual and supporting all staff to best help the families.

#### **Significant Change Story 2:**

A mother recently called the police and enforced the use of her Protection Order against her son's father. The father had turned up aggressive and abusive demanding to see the son, however the mother was scared for her safety and her son's. The mother called the police. The mother was able to describe the relief of her son and see the positive this had on her son, by saying no to violence and that she was not going to accept that sort of behavior. LTTM saw this a positive, as the son has been held accountable for his violence and he can now see dad being held accountable and his mother protecting him.

#### **Significant Change Story 3:**

A boy was being told off by a teacher at school after he had been smart to another girl that also attended the same school. The positive for this boy was that he stood there and

accepted the consequences actioned by the teacher despite the girl antagonizing this boy by pulling faces whilst standing next to the teacher.

### **October 2007**

#### **Significant Change Story 1:**

A new client who has been difficult to engage by LTTM recently attended two holiday programs. LTTM staff encouraged her to attend by promoting a trip to Lollipop land for a younger sibling and her coming along to support her sister. During this trip, the girl started to open up and joined in with staff. She was then keen to attend a second trip to Te Papa and was open and willing to share with staff and other clients. The girl also took a leadership role around food preparation. The girl sought a hug from staff (female) when the day had finished.

#### **Significant Change Story 2:**

A mother who says she wants LTTM assistance, but is hard to engage with, despite being in crisis mood did come into the office to seek help. At least this enabled LTTM to show how her and her family could be supported and is a start of the working together process.

#### **Significant Change Story 3:**

LTTM recently contacted a father in respect of a family we are working with. Contact with this father has been limited due to violence within the home and secretly around the parent's relationship by the family because of the involvement of the Family Court, Community Probation and Child, Youth and Family Services. The family has minimized the impact of family violence however the children behavior demonstrates the effect it has had on them. Due to the behavior of the children, a decision was made by LTTM to involve the father so that he can be taking a more active role rather than it being left to the mother who is struggling with parenting on her own. LTTM were advised that the father was excited about being contacted because of what his children had been telling him about the program. By LTTM engaging with the father, hopefully the secretly around the family can be addressed and that appropriate safety plans and roles can be implemented in conjunction with the Family Court, Community Probation and Child, Youth and Family Services. LTTM hopes that the father can be supported in his role to address the issues being experienced by the family.

### **November 2007**

#### **Significant Change Story 1:**

A teacher had been very negative regarding her student to the extent that she was recording every little incident and trying to analysis everything. The teacher had also included the other children in her class to tell her what the girl was doing to them or not doing within the school. When LTTM started working with the girl, the teacher was happy to share all the negative information about her with the social worker. When the social worker started challenging her about how she viewed the girl and the impact this was having on her but also the other students, the teacher was able to see what had been happening and started to change her opinion and her behaviour towards her response to the girl. The social worker was able to talk to the teacher about the issues happening for the girl within the school that she was unable to talk about with the staff because of how she was viewed by them.

#### **Significant Change Story 2:**



All LTTM staff attended the Youth Justice “Working Together” conference in Wellington this month which was enjoyed and new ideas and information gained. It also enabled some great networking with other professionals working in a similar field. LTTM also presented a paper on what works for LTTM 6 years on and lessons learnt when dealing with high risk families.

**Significant Change Story 3:**

A boy has recently started a new school after being excluded for a serious assault on another student. An incident occurred when another boy at the new school pushed him, however instead of a negative reaction which he has previous reverted to, he was able to show emotion around that behavior but did not take the incident any further. A lot of work has been done with this boy around managing his emotions and he is now attending a Protected Persons program.

**December 2007**

**Significant Change Story 1:**

A family that has denied issues or sees the issues as normal for the family have been difficult to engage. However as the social worker has work with other significant family members from outside the family home, they have learnt to trust the social worker and now pass information on about what is happening for those children in the family. This has enabled a better picture to be gained and other avenues of engagement with the family to be explored.

**Significant Change Story 2:**

Recently a mother was remanded in custody for a second drunk driving charge within a short period of time. The children realizing the issues choose not to say with family members in Wanganui due to them also being involved in the drinking culture and identified a safe family member out of town to stay with which was supported by their mother. The family member turned out to have wonderful qualities for the boys and was able to manage the issues as they arose for the boys. The mother was subsequently released from prison and was given a community based sentence. The first thing the mother asked for after being released was her boys. There had been a lot of tears and reflection for the family when the mother was first remanded in custody and the social worker took the boys to visit her while in the police cells before being transferred.

**Significant Change Story 3:**

LTTM received magic shows tickets from the Lions Club which enabled all of our families to attend. A lot of LTTM families did attend and really enjoyed the experience. Staff from LTTM also attended and was delighted to see the families that had attended and their reaction to the show. We were particularly heartened for one family that did go, where the father had finished work early to attend with his wife and three daughters.

**Significant Change Story 4:**

All clients of LTTM made Christmas gifts for their families which included home made chocolates, fudge (chocolate or Russian), decorated cookies or a painted art canvas. The opportunities to explore were new to some children and young person however for the others their skills they had shone through in cooking and creativity. All children/young people and staff had a fun time making, wrapping and giving the gifts. LTTM were also fortunate to receive presents for some of the younger children from local business.

## January 2008

### Significant Change Story 1:

LTTM were luckily enough to purchase a people mover after a donation was received from the Powerco Community Trust. During the purchase of the people mover, the local dealership also provided. The purchase of the people mover has allowed family trips and larger group work.

### Significant Change Story 2:

Paul Hausia and Lalo Lalogafau took 6 clients on the annual Awa trip with river guides Ned Tapa and Jay Rerekura. This 5 day trip had many significant movements and changes for the clients with the focus of them being removed from civilization. The children and young people had to take responsibility for setting up their tents and cooking their food. This allowed some independence and new learning experiences. The children/young people also got to have fun and just be kids. They also showed that they were just kids and wanted to be comforted when it got dark and they heard animal calls outside their tents. For the first time this year, the group canoed into Wanganui and were met by parents and other LTTM staff. The local newspaper was also there to greet them and the clients were more than willing to share their positive experiences while away.

### Significant Change Story 3:

A client's older sister has been really reluctant to help due to the current difficulties she is experiencing in her life however she agreed to a girl's shopping trip in Wellington with her sister with Annie and Jacqui from LTTM. The girls had saved their pocket money to spend on themselves. This trip has then allowed Jacqui to provide on-going support to her.

## February 2008

### Significant Change Story 1:

A boy returned to a new school after he was excluded in August 2007. His older sibling was also excluded from her school. After he was excluded, no school would accept him however with guidance and support from LTTM and also the Ministry, he was accepted into a new school on the interview that he attended. What was even more significant was that the Ministry was not required to direct his enrolment in the new school. The boy was able to present himself in the interview in a positive manner and show the new principle that he wished to return to the learning environment. The boy has returned to school with little issues to date and is starting to achieve in his new school environment. LTTM continues to look at schooling options for his older sibling.

### Significant Change Story 2:

Paul and Lalo have started to run 2 different groups of children and young people thru the Boys II Men program. This is a program focusing on social skills and making positive choices. To date all the children and young people are excited about the program and what it will offer them.

### Significant Change Story 3:

A significant number of children and young people were transitioning either into intermediates or colleges this year. While transitioning plans were implemented prior to school finishing in December 2007, they have all managed their change to the new schools with no major issues. It was pleasing to see that the dread felt by teachers about LTTM clients attending their schools, have been alleviated because of the positive changes that

have occurred for these children and young people and the way the children and young people have fitted into the school environment.

## **February 2008**

### **Significant Change Story 1:**

A boy returned to a new school after he was excluded in August 2007. His older sibling was also excluded from her school. After he was excluded, no school would accept him however with guidance and support from LTTM and also the Ministry, he was accepted into a new school on the interview that he attended. What was even more significant was that the Ministry was not required to direct his enrolment in the new school. The boy was able to present himself in the interview in a positive manner and show the new principle that he wished to return to the learning environment. The boy has returned to school with little issues to date and is starting to achieve in his new school environment. LTTM continues to look at schooling options for his older sibling.






### **Significant Change Story 2:**

Paul and Lalo have started to run 2 different groups of children and young people thru the Boys II Men program. This is a program focusing on social skills and making positive choices. To date all the children and young people are excited about the program and what it will offer them.

### **Significant Change Story 3:**

A significant number of children and young people were transitioning either into intermediates or colleges this year. While transitioning plans were implemented prior to school finishing in December 2007, they have all managed their change to the new schools with no major issues. It was pleasing to see that the dread felt by teachers about LTTM clients attending their schools, have been alleviated because of the positive changes that have occurred for these children and young people and the way the children and young people have fitted into the school environment.

## 7. Monitoring Survey

<b>Children's consent form Life to the Max evaluation survey</b>	
 <i>I have talked ..... (LTTM staff) about the survey</i>	
 I know what will happen to what I write or say	
 I know the answers I write on the survey will be anonymous	
 I don't have to answer all the questions if I don't want to	
 I know that by filling in the form I agree to being part of the survey	

<b>Name:</b>	
<b>Signed</b> :	
<b>Date:</b>	

### 8. Case notes process and questions:

Seven cases selected, both past and current clients including child and family and in some cases a key worker. Social worker will be interviewed Feb 08

#### Data

Case note details to be reviewed including the following,

- Individual care plan
- Family care plan
- Entry and exit assessments for individual and family – (check for domains to ensure the assessments are comprehensive such as social, health, development, education, daily activities, safety, strengths, family history, parenting practices, relationships, decision-making, access to necessities of life, family functioning)
- Regular review of care plan
- Notes on each intervention
- Social worker lead
- Age of young person
- Gender
- Current or past client
- Length of time with LTTM
- Other agencies (not CYF) directly involved
- Grading of risk on 1-5 with high being 1
- Regular review of risk assessment
- Identify if the case was one of the most significant change stories

First interview with family and child completed 2007. Second interview February 2008

***NB: LTTM selected cases need to be cleaned for any identifying data***

#### Process

- Evaluators submit list of seven young people to Annie
- Process of assessing availability of child and family initiated
- Final selection completed
- Interview with family and child
- Interview with social worker as part of final staff interview
- Interview one significant key informant eg teacher (this may not be possible or appropriate for all cases)

### **Key questions and data to consider for each set of case notes**

#### *The case*

1. Summarise the key interventions
2. What were the limiting factors in each case?
3. Are there indications in the files of regular (reasonably) assessments - do they seem to check on how things are going, make changes, adjust plans etc.
4. Does the work seem to address whole family as well as child issues

5. How the LTTM deals with working out the balance between the child's rights and needs and the ability of the family to meet these. E.g cognitive ability of family to provide the stimulation the child needs.
6. Is there any evidence that they involved the family/child in the assessment, planning and decisions.
7. Do they record what other organisations do they intersect with, what are the roles and does this seem reasonable given the issues. Is there evidence that the interventions of different organisations are co-ordinated?
8. Where they refer out, stop suddenly or take action - is this explained, recorded etc in ways that allow third parties to see why and how action was taken
9. Is there any recording of risk events etc, what action etc is taken

#### *Outcomes*

10. In what ways does the intervention with each client and their family represent best practice? (*In summary: What did LTTM see needed to be done in the work with this family, did they do it, did it have a positive effect, if so what was it, what else had an impact on the outcomes for this family*).
11. Can good outcomes be attributed as far as possible to LTTM? If not why not and what was the contribution made by LTTM?
12. What outcomes can be identified and what is the source of evidence?

#### *Overall assessment of case notes*

13. Are the notes mostly complete, readable, up to date and keep what appears to be a good chronology of events?
14. Do they identify a clear pathway/direction and end purpose for the intervention? Is this direction and subsequent intervention consistent with findings from the assessment? Does this appear to be followed (it is not necessarily a good or bad thing - as things change) if not followed are deviations from the plan recorded indicating why and what happened - are any changes be explained in a reasonable way?
15. What could have been done better and how?
16. Questions arising out of cases to be addressed by the lead social worker when interviewed

**9. SIMPLE SIX MONTHLY ACTION PLAN & REPORT** from now..... to .....**OVERALL PROJECT/PROGRAMME GOAL:****SPECIFIC PROGRAMME/PROJECT GOAL:**

<b>1.Outcome(s) for this (six-months): What do you want to achieve in the next 6 months?</b>	<b>2.Strategies – How are you going to do it? What is the best approach?</b>
<b>3.Activities – What are you going to do? Include timeframes, and who involved.</b>	<b>4.Measures: How will you know you have succeeded?</b>
<b>5.Reporting on outcomes - What happened?</b>	
<b>6.Reflection on outcomes</b>	
<b>7. Planning – What next?</b>	

## 10. SIMPLE EVALUATION PLAN TEMPLATE

<b>Project objective</b> - clear understanding about the overall purpose of the project	
<b>What aspect or specific part of the project are you going to evaluate?</b>	
<b>The evaluation question</b> - what do we want the evaluation to find out?	
<b>What do you want to know?</b>	<b>Stakeholders – Who shall we ask?</b>
<b>Methods</b> <i>What is the best way to get this information?</i>  <i>Possible questions to ask?</i>	<b>Results/ analysis – discussion of results and conclusions developed</b> (feed any learning into a new action plan)
<i>Ethical issues</i>  <i>Risk assessment</i>	
<i>Who will do the evaluation?</i>  <i>Timeline</i>  <i>Budget</i>	
<i>Dissemination and Reporting – how, what form and to whom?</i>	